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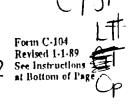
DISTRICT II P.O. Drawer DD, Anesia, NM 88210

Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION

State of New Mexico

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

RECEIVED



DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	BEO	UEST	OR	ΑΠ	OWA	BLE AND	AUTHORI	ZATION				
I.	I IL.G	TOTA	ANS	PO	RT OIL	AND NA	TURAL GA	AS	CRI CI			
Operator Mack Energy Corporation								Well API No.				
Address					<del></del>							
P.O. Box 276, Arte	sia, N	M 882	10				(D1	-:-1				
Reason(s) for Filing (Check proper box)		Change	in Tran	sporte	er of:		er (Please explo	1 <i>1</i> 11)				
New Well Recompletion	Oil		_ `	Gas		Eff	ective 8	/1/92				
Change in Operator	Caringhe	ad Gas	Con	densa	ite 🗌							
If change of operator give name and address of previous operator Marb	ob Ene	rgy Co	orpo.	rat	ion,	P. O. Dr	awer 217	, Artesi	a, NM	88210	<del>=</del>	
II. DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, Including Fo							- Formation Kind c			of Lease No.		
Lease Name ROBINSON STATE	Zast I talife							SON SR Q GRBG SA State,			7596	
Location	3.3	20.				N		30 -	et From The .	W	Line	
Unit Letter : 330 Feet From The Line and 330 Feet									et Promine.		Line	
Section 27 Township	175	· · · · · · · · · · · · · · · · · · ·	Ran	ge	29E	, N	мрм,	E	DDY		County	
III. DESIGNATION OF TRAN	SPORTE	ER OF	OIL A	ND	NATU	RAL GAS	11 1 1	ish summand	cany of this (	orm is to he se	nt1	
Name of Authorized Transporter of Oil  NAVAJO REFINING CO.						Address (Give address to which approved copy of this form is to be sent)  P. O. BOX 159, ARTESIA, NM 88210						
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
well produces oil or liquids, Unit Sec. Twp. Rgo					Rge.	Is gas actually connected? Whe			n ?			
give location of tanks.	E	27	17		29			l				
If this production is commingled with that if IV. COMPLETION DATA	from any od	her lease o	r pool,	give	comming	ing order num				1		
Designate Type of Completion	- (X)	Oii We	:11 ]	Ga	s Well	New Well	Workover 	Deepen   	Plug Back	Same Res'v 	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.						Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe			
			1 (24)	CINI	A AND	CEMENT	NG PECOP	D	<u> </u>			
HOLF BITE	TUBING, CASING AND SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
FIOLE SIZE	HOLE SIZE CASING & TUBING SIZE											
							<u> </u>					
V. TEST DATA AND REQUES	TFOR	ALLON	ABL	E								
OIL WELL (Test must be after re	covery of I	otal volum	e of loa	d oil	and must	be equal to or	exceed top allo	mable for this	depth or be j	or full 24 hour	<del>3)</del> 3 —	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.) POSEG + 0-3						
Length of Test	Tubing Pressure					Casing Pressure			Choke Size Chg CP			
Actual Prod. During Test	Oil - Bbls.					Water - Bbis.			Gas- MCF			
GAS WELL	L					15:1-21-1-	. AINCE		Cavliv a C	ondensale		
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensale/MMCF			Gravity of Condensate			
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COM	PLIA	NC	Œ		OIL CON	SERVA	TION I	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge add belief.						Date Approved SEP 1 1992  ORIGINAL SIGNED BY						
												Signature

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title 748-3303 Telephone No.

Till and Sections I. II. III. and VI for changes of operator, well name or number, transporter, or other such changes.