

District I

Energy, Minerals and Natural Resources Department

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240

Oil Conservation Division

District II

P.O. Box 2088

P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

AUG 21 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GASO. C. D.
OFFICE OF THE
COMMISSIONERdSF
WT
GT
OP

Operator: Mack Energy Corporation ✓	Well API No.:
Address: P.O. Box 1359, Artesia, New Mexico 88211-1359	Telephone No.: (505) 748-3436
Reason(s) for Filing (Check proper box) _____ Other (Please explain) _____	
New Well _____ Change in Transporter of: _____	
Recompletion _____ Oil _____ Dry Gas _____	EFFECTIVE AUGUST 1, 1992
Change in Operator <u>X</u> _____ Casinghead Gas _____ Condensate _____	

If change of operator give name and address of previous operator **OK Hot Oil Service, Inc., dba Old Loco Oil Co.**
P.O. Box 146, Loco Hills, NM 88255

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sackett Federal	Well No. #1	Pool Name, Including Formation Grayburg Jackson	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM 14847
Location: Unit M : 330 Feet From The WEST line and 330 Feet From The SOUTH Line, Sec 29 T 17S R 29E NMEN Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <u>X</u> or Condensate _____ Phillips Oil	Address-Give address to which approved copy of this form is to be sent P.O. Box 5400, Bartlesville, OK 74005					
Authorized Transporter of Casinghead Gas <u>X</u> or Dry Gas _____ : GPM	Address-Give address to which approved copy of this form is to be sent P.O. Box 5050, Bartlesville, OK 74005					
If well produces oil or liquids, give location of tanks	Unit	Sec.	Two.	Rge	Is gas actually connected?	When?
					Yes	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations	Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement
			Post ID-3 8-28-92 chg op

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be
OIL WELL equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run to Tank	Date of Test	Producing Method	
Length of Test	Tubing Pres	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbl	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Deb E. Chase, Production Clerk

Date

OIL CONSERVATION DIVISION

Date Approved **AUG 21 1992**By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT II**