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District I  
P.O. Box 1980, Hobbs, NM 88240  
District II  
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**Oil Conservation Division**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088  
REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
Revised 1-1-80

AUG 21 1992

O. C. D.  
ARTESIA DISTRICT

clsf  
2T  
GT  
OP

Operator: <b>Mack Energy Corporation</b> ✓	Well API No.:
Address: <b>P.O. Box 1359, Artesia, New Mexico 88211-1359</b>	Telephone No.: <b>(505) 748-3436</b>
Reason(s) for Filing (Check proper box) _____ Other (Please explain) _____ New Well _____ Change in Transporter of: _____ Recompletion _____ Oil _____ Dry Gas _____ <b>EFFECTIVE AUGUST 1, 1992</b> 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 <b>Sackett Federal</b>	Well No. <b>#2</b>	Pool Name, including Formation <b>Grayburg Jackson</b>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <b>NM 14847</b>
Location: Unit <b>N</b> <b>1650</b> Feet From The <b>WEST</b> line and <b>660</b> Feet From The <b>SOUTH</b> Line. Sec <b>29</b> T <b>17S</b> R <b>29E</b> <b>NMPM</b> <b>Eddy</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <u>X</u> or Condensate _____ <b>Phillips Oil</b>	Address-Give address to which approved copy of this form is to be sent <b>P.O. Box 5400, Bartlesville, OK 74005</b>					
Authorized Transporter of Casinghead Gas <u>X</u> or Dry Gas _____ Gas _____ : <b>GPM</b>	Address-Give address to which approved copy of this form is to be sent <b>P.O. Box 5050, Bartlesville, OK 74005</b>					
If well produces oil or liquids, give location of tanks	Unit	Sec.	Two.	Rge	Is gas actually connected?	When?
			<b>29</b>	<b>17S</b>	<b>29E</b>	<b>Yes</b>

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
			<b>Post FD-3</b> <b>8-28-92</b> <b>chg op</b>

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be 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 **8/20/92**

OIL CONSERVATION DIVISION

Date Approved **AUG 21 1992**

By **ORIGINAL SIGNED BY**

Title **MIKE WILLIAMS**  
**SUPERVISOR, DISTRICT II**