

District I

E. v. 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 - 5 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION

O. C. D.

I.

TO TRANSPORT OIL AND NATURAL GAS

FIELD OFFICE

|  |   |
|--|---|
| Operator: <b>Mack Energy Corporation</b>   | Well API No.: <b>30-015-00167</b>   |
| Address: <b>P.O. Box 276, Artesia, New Mexico 88210</b>                          | Telephone No.: <b>(505) 748-3436</b>  |
| Reason(s) for Filing (Check proper box) <u>Other</u> (Please explain) <b>WTW</b> |   |
| New Well <input type="checkbox"/>  | Change in Transporter of: <b>EFFECTIVE AUGUST 1, 1992</b>                   |
| Recompletion <input type="checkbox"/>  | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |
| Change in Operator <input checked="" type="checkbox"/>                           | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of operator give name and address of previous operator **Trigg Family Trust, P.O. Box 520, Roswell, New Mexico 88202-0520**

## II. DESCRIPTION OF WELL AND LEASE

|  |                       |   |  |                                |
|--|-----------------------|---|--|--------------------------------|
| Lease Name<br><b>Empire J Federal</b>  | Well No.<br><b>#1</b> | Pool Name, Including Formation<br><b>Red Lake/Permian</b> | Kind of Lease<br>State, Federal or Fee<br><b>State</b> | Lease No.<br><b>NMLC066445</b> |
| Location: Unit <b>P</b> : <b>365</b> Feet From The <b>EAST</b> line and <b>990</b> Feet From The <b>SOUTH</b> Line. Sec <b>1</b> T <b>18S</b> R <b>26E</b> NMPM <b>Eddy</b> county |                       |   |  |                                |

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><b>Navajo Refining Company</b> | Address-Give address to which approved copy of this form is to be sent<br><b>P.O. Box 159, Artesia, NM 88210</b> |
| Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>                                      | Address-Give address to which approved copy of this form is to be sent   |
| If well produces oil or liquids, give location of tanks  | Unit <b>P</b> Sec. <b>1</b> Twp. <b>18S</b> Rge <b>26E</b>   |
| Is gas actually connected? When?   |  |

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 Souded                        | 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 |
|           |                      |           |              |

## 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** 8/4/92  
Deb E. Chase, Production Clerk Date

## OIL CONSERVATION DIVISION

Date Approved **AUG 12 1992**By **ORIGINAL SIGNED BY**Title **MIKE WILLIAMS**  
**SUPERVISOR, DISTRICT II**