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State of New Mexico

Form C-104

District I

En. 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS

AUG - 1992

O. C. D.

OFFICE

Operator: Mack Energy Corporation		Well API No.:
Address: P.O. Box 276, Artesia, New Mexico 88210		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 **Trigg Family Trust, P.O. Box 520, Roswell, New Mexico 88202-0520**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Empire J Federal	Well No. #3	Pool Name, Including Formation Red Lake/Permian	Kind of Lease State, Federal or Fee	Lease No. NMLC066445
Location: Unit H : 330 Feet From The EAST line and 2304 Feet From The NORTH Line. Sec 1 T 18S R 26E NMPM Eddy county				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <u>X</u> or Condensate _____: Navajo Refining Company		Address-Give address to which approved copy of this form is to be sent P.O. Box 159, Artesia, NM 88210	
Authorized Transporter of Casinghead Gas _____ or Dry Gas _____:		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 1	Sec. 18S	Rge 26E
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 Sounded	Date Compl. Ready to Prod.		Total Depth		P.S.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, Production Clerk

Date

OIL CONSERVATION DIVISION

Date Approved **AUG 12 1992**

By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT II**