

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

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

RECEIVED

NOV 11 1991

O. C. D.  
ARTESIA OFFICE

Revised 1-1-89

clerk  
11/11/91  
67  
OP

Operator: <b>Mack Energy Corporation</b>		Well API No.:
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) _____ Other (Please explain) _____		
New Well _____ Change in Transporter of: _____ Recompletion _____ Oil _____ Dry Gas _____ Change in Operator <input checked="" type="checkbox"/> Casinghead Gas _____ Condensate _____		

*Effective 8/1/91*

If change of operator give name and address of previous operator **Metex Pipe & Supply, PO Box 1037, Artesia, New Mexico, 88211-1037**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Welch State</b>	Well No. <b>#2</b>	Pool Name, Including Formation <b>Artesia QN-GB-SA</b>	Kind of Lease (State) Federal or Fee	Lease No. <b>647</b>
Location: Unit <b>O</b> :1650 Feet From The <b>East</b> line and <b>330</b> Feet From The <b>South</b> Line. Sec <b>16</b> T <b>18S</b> R <b>28E</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 _____: <b>Navajo Refining Company</b>		Address-Give address to which approved copy of this form is to be sent <b>P.O. Drawer 159, Artesia, NM 88210</b>		
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 <b>O</b>	Sec. <b>16</b>	Twp. <b>18S</b>	Rge <b>28E</b>
Is gas actually connected?		When?		
<b>No</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
			<i>Post #D-3 11-22-91 chg ap</i>

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*  
Deb E. Chase, Production Clerk  
Date August 1, 1991

OIL CONSERVATION DIVISION

Date Approved **NOV 11 1991**

By ORIGINAL SIGNED BY  
Title MIKE WILLIAMS  
SUPERVISOR, DISTRICT II