

Submit 5 Copies
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

RECEIVED
Form C-104
Revised 1-1-89
SEP 25 '90

CLSF
LT
BP

I.

O. C. D.
ARTESIA, 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 _____	
Change in Operator X Casinghead Gas _____ Condensate _____	

If change of operator give name and address of previous operator Baber Well Service, P.O. Box 1772, Hobbs, New Mexico 88241
II. DESCRIPTION OF WELL AND LEASE

Lease Name State FX	Well No. 1	Pool Name, Including Formation Artesia - QN - GB - SA	Kind of Lease State, Federal or Fee	Lease No. B-11594
Location: Unit F: 1874 Feet From The West line and 1874 Feet From The North Line. Sec 6, T 18S, R 28E, NMPM, Eddy County.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil X or Condensate _____: Navajo Refining Co.	Address-Give address to which approved copy of this form is to be sent P.O. Drawer 159, Artesia, New Mexico 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	Sec.	Twp.	Rge	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 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 9-28-90 chg op

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

WELL

Prod Test - MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Method	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke size
RATOR CERTIFICATE OF COMPLIANCE I 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. 16 CLW83 10/1/90 e, Production Clerk Date			OIL CONSERVATION DIVISION Date Approved SEP 26 1990 By ORIGINAL SIGNED BY Title MIKE WILLIAMS SUPERVISOR, DISTRICT II	