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District I
P.O. Box 1980, Hobbs, NM 88240
District I
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 1-1-89

AUG - 1992

O. C. D.
OFFICE

clsf
WT
OP

| | |
|--|---------------------------------------|
| 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 <u>X</u> | Casinghead Gas _____ Condensate _____ |
| EFFECTIVE AUGUST 1, 1992 | |

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 Federal TY | Well No. #4 | Pool Name, including Formation E. Millman SR/QN | Kind of Lease State, Federal or Fee | Lease No. NM 02295 |
| Location: Unit F :2230 Feet From The WEST line and 1980 Feet From The NORTH Line. Sec 3 T 20S R 27E NMNM 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 Sec. Twp. Rge 3 20S 27E | 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 8-21-92 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 |

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 8/4/92

OIL CONSERVATION DIVISION

Date Approved AUG - 2 1992

By

Title