

Submit 5 Copies
 District I
 P.O. Box 1980, Hobbs, NM 88240
 District II
 P.O. Drawer 00, 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 C-104
 Revised 1-1-89

Operator: Mack Energy Corporation	Well AP# 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 JUNE 1, 1992	

If change of operator give name and address of previous operator: **Randall Capps DBA Xeric Oil & Gas Co.**
P.O. Box 51311, Midland, TX 79710

II. DESCRIPTION OF WELL AND LEASE

Lease Name Unocal State	Well No. #1	Pool Name, Including Formation Pearl-Queen	Kind of Lease <u>State</u> Federal or Fee	Lease No. E-6005
Location: Unit J: 1650 Feet From The EAST line and 1650 Feet From The SOUTH Line. Sec 36 T 19S R 34E NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <u>X</u> or Condensate _____: Koch	Address-Give address to which approved copy of this form is to be sent P.O. Box 1200, Hobbs, NM 88240				
Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas _____: GPM gas corp	Address-Give address to which approved copy of this form is to be sent P.O. Box 5050, Bartlesville, OK 74005				
If well produces oil or liquids, give location of tanks	Unit J	Sec. 36	Twb. Rge 19S 34E	Is gas actually connected? Yes	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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'	<input type="checkbox"/> 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

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/MCF	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 6/11/92
Deb E. Chase, Production Clerk Date

OIL CONSERVATION DIVISION

Date Approved _____
 By **Paul Kautz**
Geologist
 Title _____