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 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

Form C-104  
 Revised 1-1-89

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 _____ <input checked="" type="checkbox"/> Dry Gas _____	
Change in Operator _____ Casinghead Gas _____ Condensate _____	

If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Yates A</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>San Simon Yates Assoc North</b>	Kind of Lease <input checked="" type="checkbox"/> State, Federal or Fee	Lease No. <b>E-1921</b>
Location: <b>Unit L: 661 Feet From The West line and 1981 Feet From The South Line. Sec 29, T 21S, R35E, NMPM, Lea County.</b>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate _____ : <b>Phillips 66 Company</b>	Address-Give address to which approved copy of this form is to be sent <b>4001 Penbrook, Odessa, Texas 79762</b>
EFFECTIVE: February 1, 1992 Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas _____ : <b>Phillips 66 Natural Gas Co GPM Gas Corporation</b>	Address-Give address to which approved copy of this form is to be sent <b>1010 Plaza Office Bldg., Bartlesville, OK 74004</b>
If well produces oil or liquids, give location of tanks Unit <b>0</b> Sec. <b>29</b> Twp. <b>21S</b> Rge. <b>35E</b>	Is gas actually connected? <b>Yes</b> 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 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*  
 Deb E. Chase, Production Clerk  
 3/20/91  
 Date

OIL CONSERVATION DIVISION	
Date Approved	_____
By	_____
Title	_____