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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

RECEIVED

AUG 21 '90

Form C-104  
Revised 1-1-89  
CLSF  
LT  
Op

Operator: Mack Energy Corporation ✓	Well API No.: 30-015-01527
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 Donnelly Drilling Company, P.O. Box 367, Carlsbad, NM 88221  
II. DESCRIPTION OF WELL AND LEASE

Lease Name F W & Y	Well No. 2	Pool Name, Including Formation Aid Yates-Seven Rivers	Kind of Lease State, Federal or Fee	Lease No. 547
Location: Unit A: 330 Feet From The North line and 990 Feet From The East Line. Sec 25, T 17S, 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
			Part ID-3 8-31-90 chy up

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)  
OIL WELL

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* 8/1/90  
Deb E. Chase, Production Clerk Date

OIL CONSERVATION DIVISION	
Date Approved	AUG 24 1990
By	ORIGINAL SIGNED BY
Title	MANAGEMENT