

District I
P.O. Box 1980, Hobbs, NM 88240
District II
P.O. Drawer DD, Artesia, NM 88210

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

Revised 1-1-89

NOV 11 1991

O. C. D.
ARTESIA OFFICE

copy of

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 <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
<i>Effective 8/1/91</i>	

If change of operator give name and address of previous operator **Metex Pipe & Supply, PO Box 1037, Artesia, New Mexico, 88211-1037**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elk State	Well No. #2	Pool Name, Including Formation Artesia QN-GB-SA	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. L-6918
Location: Unit N:1650 Feet From The West line and 760 Feet From The South Line, Sec 16 T 18S R 28E NMPM Eddy county				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address-Give address to which approved copy of this form is to be sent P.O. Drawer 159, Artesia, NM 88210				
Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	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 N	Sec. 16	Twp. Rge 18S 28E	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 ¹	<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
			<i>Port ID-3 11-22-91 chy op</i>

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
August 1, 1991
Deb E. Chase, Production Clerk

Date

OIL CONSERVATION DIVISION

Date Approved **NOV 11 1991**

By **ORIGINAL SIGNED BY
MIKE WILLIAMS**

Title **SUPERVISOR, DISTRICT II**