

District I

Energy, Minerals and Natural Resources Department

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240

Oil Conservation Division

RECEIVED

District II

P.O. Box 2088

P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

NOV 1 1 1991

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. O.
ARTESIA OFFICE

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 8/1/91

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 Ruth	Well No. #1	Pool Name, Including Formation E. Millman-QN-GB-SA	Kind of Lease <u>State</u> , Federal or Fee	Lease No. E-5073
Location: Unit B : 2278 Feet From The East line and 330 Feet From The North Line. Sec 24 T 19S R 28E NMPM 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. Drawer 159, Artesia, NM 88210			
Authorized Transporter of Casinghead Gas <u>X</u> or Dry Gas _____: 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 B	Sec. 24	Twp. 19S	Rge 28E
Is gas actually connected? Yes		When? 08-20-83		

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
			<i>Post ID-3 11-23-91 chg yr</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

Deb E. Chase, Production Clerk

11/11/91
August 1, 1991

Date

OIL CONSERVATION DIVISION

Date Approved **NOV 1 1 1991**

By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT II**