Subnit 5 Copies Appropriate Distuict Office	State of N Energy, Minerals and Nat	ew Mexico ural Resources Department	Form C-J04 Revised 1-1-89 See Instructions at Bottom of Page
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA	VIION DIVISION	RI DOUGH OF LAKE
DISTRICT II P.O. Drawer DD, Antesia, NM 88210 DISTRICT III	Santa Fe, New M	exico 87504-2088	
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAR	3LE AND AUTHORIZAT _ AND NATURAL GAS	Well API No.
I. Operator Mack Energy Corpora			
Address P.O. Box 276, Artes	sia, NM 88210	Other (Please explain)	
Reason(s) for Filing (Check proper box)   New Well   Recompletion	Change in Transporter of:	Effective 8/1/2	92
Change in Operator	Casinghead Gas Condensate Condensate Corporation,	P. O. Drawer 217, A	rtesia, NM 88210
II. DESCRIPTION OF WELL	AND LEASE		Kind of Lease No.
Lease Name PEARSALL BX	Well No. Pool Name, Includ 2 PEARSALL	QN	State, Federal or Tree LC-058514
Location Unit Letter H	: 1345 Feet From The _N	NORTH Line and 1295	Feet From TheEASTU
Section 34 Township	175 Range 32E	E , NMPM,	LEA County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATU	11001001001001	pproved copy of this form is to be sent)
TEXAS-NEW MEXICO PIL Name of Authorized Transporter of Casing	PELINE CO	P.O. BXO 2528. H Address (Give address to which a	OBBS, NM 88240 pproved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		When 7
If this production is commingled with that I IV. COMPLETION DATA	from any other lease or pool, give comming		Phug Back Same Res'y Diff Res'
Designate Type of Completion	- (X) Oil Well Gas Well		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth Depth Casing Shoe
Perforations			Depth Casing Shoe
	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TOBING 0.22		
V. TEST DATA AND REQUES OIL WELL (Test must be after r	TFOR ALLOWABLE ecovery of total volume of load oil and mus	t be equal to or exceed top allowabl	e for this depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Test	Producing Method (1 100) part 12	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Uas-MCI
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCI
GAS WELL	Length of Test	Bbls. Condensate/MMCI	Gravity of Condensate
Actual Prod. Test - MCI/D	Tubing Pressure (Shui-in)	Casing Pressure (Shut-in)	Choke Size
Fosting Method (pitot, back pr.)			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regula Division have been complied with and	ations of the On Conservation that the information given above		RVATION DIVISION SEP 1 1'92
is tree and complete to the best of my h	nowledge and pelief.	Date Approved	
phonda	Nelso	By ORIGINAL SIGN	IED BY JERRY SEXTON
Signature Rhonda Nelson	Production <u>Clerk</u> Tille		
Printed Name S 2893	748-3303 Telephone No.		
	where the second s	Rule 1104	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance Request for anowable for newly difference inclusion and recompleted wells.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, H, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Fill out only Sections I, H, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filled for each pool in multiply completed wells.