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Appropriate District Office
District I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

District II
P.O. Drawer DD, Artesia, NM 88210

Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

District III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Mack Energy Corporation	Well API No.: 30-025-00902
Address: P.O. Box 276, Artesia, New Mexico 88210	Telephone No.: (505) 748-3436
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Change in Transporter of:	
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"/>	

If change of operator give name
give name and address of previous operator Arrowhead Oil Corporation, P.O. Box 548, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name Miller Federal	Well No. 1	Pool Name, Including Formation Lusk Yates Seven Rivers	Kind of Lease State , Federal or <input type="checkbox"/>	Lease No. 71-065863
Location Unit Letter E: 1980 Feet From The N Line and 660 Feet From The W Line. Sec 19, T 19S, R 32E, NMPM, Lea County.				
Unit Letter E : 1980 Feet From The N Line and 660 Feet From the W Line				
Sec 19 Township 19S Range 32E ,NMPM, Lea 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 Co.	Address-Give address to which approved copy of this form is to be sent 501 E. Main Street, Artesia, New Mexico 88210					
Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> :	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 E	Sec. 19	Twp. 19S	Rge. 32E	Is gas actually connected? No	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'v	Diff Res
Date Spudded	Date Compl. Ready to Prod. / /		Total Depth		P.B.T.D.			
Elevations (DF,RKB,RT,GR,etc.)	Name of 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

OIL WELL (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 Run to Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	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

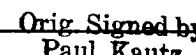
VI. OPERATOR CERTIFICATE OF COMPLIANCE

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 Production Clerk
April 1, 1990 5/22/90 (505) 746-3436

OIL CONSERVATION DIVISION

MAY 24 1990

Date Approved
By  Orig. Signed by
Paul Kautz
Title Geologist

RECEIVED

MAY 28 1990

OCD
HOBBS OFFICE