

District I

Energy, Minerals and Natural Resources Department

Revised 1-1-89

P.O. Box 1380, Hobbs, NM 88240

Oil Conservation Division

District II

P.O. Box 2082

P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2089

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.

TO TRANSPORT OIL AND NATURAL GAS

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 SEPTEMBER 1, 1991	

If change of operator give name and address of previous operator C&C Operating Corporation, P.O. Box 1829
Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>E. Taylor</u>	Well No. <u>#1</u>	Pool Name, Including Formation <u>Bishop Canyon Queen</u>	Kind of Lease State, Federal or Fee	Lease No.
Location: Unit <u>P</u> : <u>990</u> Feet From The <u>S</u> line and <u>460</u> Feet From The <u>E</u> Line, Sec 11 T 18S R 38E NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <u>X</u> or Condensate _____: <u>Navajo Refining Company</u>	Address-Give address to which approved copy of this form is to be sent: <u>P.O. Drawer 159, Artesia, NM 88210</u>					
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 <u>P</u>	Sec. <u>11</u>	Two. <u>18S</u>	Rge <u>37E</u>	Is gas actually connected? <u>No</u>	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 Soudded	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

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be

OIL WELL 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 - 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.

December 23, 1991

Deb E. Chase, Production Clerk

Date

OIL CONSERVATION DIVISION

Date Approved

By

Title