

Submit 5 Copies
District I
P.O. Box 1980, Hobbs, NM 88240
District II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico
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

Form O-104
Revised 1-1-89

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: ☐ Other (Please explain)
Recompletion ☐ Oil ☒ Dry Gas ☐ EFFECTIVE SEPTEMBER 1, 1991
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐

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 Lea OR State	Well No. #2	Pool Name, Including Formation Arkansas Junction SA	Kind of Lease State, Federal or Fee	Lease No. OG 5488
Location: Unit O : 1980 Feet From The East line and 560 Feet From The South Line, Sec 12 T 18S R 36E 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 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"/> Warren Petroleum	Address-Give address to which approved copy of this form is to be sent Tulsa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks	Unit K	Sec. 12	Twp. 18S	Rge 36E
			Is gas actually connected? Yes	When? 12/18/68

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

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)
OIL WELL

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.

December 23, 1991

Deb E. Chase, Production Clerk

Date

OIL CONSERVATION DIVISION

Date Approved

By

Title