

Operator: <b>Mack Energy Corporation</b>	Well API No.:
Address: <b>P.O. Box 276, Artesia, New Mexico 88210</b>	Telephone No.: <b>(505) 748-3436</b>
Reason(s) for Filing (Check proper box) _____ Other (Please explain) _____	
New Well _____	Change in Transporter of: _____
Recompletion _____	Oil _____ Dry Gas _____
Change in Operator <u><b>X</b></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 <b>Lea OR State</b>	Well No. <b>#3</b>	Pool Name, Including Formation <b>Arkansas Junction SA</b>	Kind of Lease State, Federal or Fee	Lease No. <b>OG 5488</b>
Location: Unit <b>P</b> : <b>660</b> Feet From The <b>East</b> line and <b>660</b> Feet From The <b>South</b> line, Sec <b>12</b> T <b>18S</b> R <b>36E</b> NMPM <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil _____ or Condensate _____ <b>Water Injection Well SWD</b>	Address-Give address to which approved copy of this form is to be sent				
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	Sec.	Tw. Rge	Is gas actually connected?	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 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

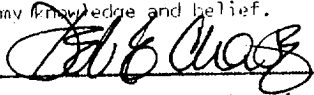
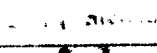
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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.  <b>Deb E. Chase, Production Clerk</b> Date <b>December 23, 1991</b>	<b>OIL CONSERVATION DIVISION</b> Date Approved _____ By  _____ Title _____
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