

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

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator		Well API No.	
Mack Energy Corporation		30-085-24193	
Address			
P.O. Box 1359, Artesia, NM 88211-1359			
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain) Change well name from	
New Well <input type="checkbox"/>	Change in Transporter of:	Miller B State #2 to Miller BW State #2	
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"/>	EFFECTIVE 8-1-93	
If change of operator give name and address of previous operator			
W & W Oil, Inc., P.O. Box 427, Lovington, NM 88260			

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Miller BW State	Well No. 2	Pool Name, Including Formation North Vacuum/Abo	Kind of Lease State, <del>Federal or Foreign</del>	Lease No. E-1774-2
Location				
Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>2105</u> Feet From The <u>West</u> Line				
Section <u>3</u> Township <u>17S</u> Range <u>34E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
Navajo Refining Company				P.O. Drawer 159, Artesia, NM 88211-0159			
Name of 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 N	Sec. 3	Twp. 17S	Rge. 34E	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'v	Diff Res'v
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		

**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.)

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 just 24 hours.)			
Date First New Oil 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 ( <i>pilot, back pr.</i> )	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Crisa D. Carter

Signature	Crissa Carter	Production Clerk
Printed Name	8-10-93	(505) 748-1288
Date		Telephone No.

**AUG 18 1993**

Date Approved \_\_\_\_\_

By \_\_\_\_\_ **Orig. Signed by**  
**Paul Kautz**

Title \_\_\_\_\_

**INSTRUCTIONS:** This form is to be filed in compliance with 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 with Rule 111.
  - 2) All sections of this form must be filled out for allowable on new and recompleted wells.
  - 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
  - 4) Separate Form C-104 must be filed for each pool in multiply completed wells.