

District I

Geology, Minerals and Natural Resources Department

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240

Oil Conservation Division

District II

P.O. Box 2088

P.O. Drawer 90, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator: Mack Energy Corporation		Well API No.: 30-025-20807
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 <input checked="" type="checkbox"/>	Casinghead Gas _____	Condensate _____
EFFECTIVE JUNE 1, 1992 July 1, 1992		

If change of operator give name and address of previous operator: Frostman Oil Corporation
P.O. Drawer W, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government K	Well No. #1	Pool Name, Including Formation Querecho Plains QN	Kind of Lease State, (Federal or Fee)	Lease No. NM-0554967
Location: Unit K: 2300 Feet From The WEST line and 1700 Feet From The SOUTH Line. Sec 23 T 18S R 32E NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate _____ Navajo Refining Company		Address-Give address to which approved copy of this form is to be sent P.O. Box 159, Artesia, NM 88211-0159		
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: J	Sec: 23	Twp: 18S	Rge: 32E
Is gas actually connected?		When?		
No				

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)

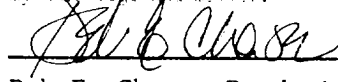
Date First New Oil Run to Tank		Date of Test	Producing Method
Length of Test	Tubing Pres	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbl	Water - Bbls.	Gas - MCF

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.

 7/9/92
Deb E. Chase, Production Clerk Date

OIL CONSERVATION DIVISION

Date Approved

JUL 14 '92

By

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title