

District I

Energy, 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 DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

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 <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	
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 MARCH 1, 1992		

If change of operator give name and address of previous operator **Fi-Ro Corporation, P.O. Box 8148, Roswell, NM 88201**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Signal Ross	Well No. #1	Pool Name, including Formation Tonto, Yates 7 Rivers South	Kind of Lease Federal or Fee	Lease No. NM-073240
Location: Unit B :1980 Feet From The EAST line and 660 Feet From The NORTH Line. Sec 30 T 19S R 33E 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 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 B	Sec. 30	Twp. 19S	Rge 33E
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.

Deb E. Chase 3/26/92
Deb E. Chase, Production Clerk Date

OIL CONSERVATION DIVISION

MAR 31 1992

Date Approved

By **ORIGINAL SIGNED BY JEFFY SEXTON**

Title

DISTRICT SUPERVISOR