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## State of New Mexico yy, Minerals and Natural Resources Departmer 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: Mack Energy Corporation	Well API No.:						
Address: P.O. Box 276, Artesia, New Mex:	ico 88210	Telephone No.: (505) 748-3436					
Reason(s) for Filing (Check proper box) Other (Please explain)							
New Well Change in Trans	sporter of:						
Recompletion 0il Dry	y Cas	EFFECTIVE JUNE 1, 1992					
Change in Operator $\overline{X}$ Casinghead Gas $$ Cor	ndensate						

If change of operator give name and address of previous operator Randall Capps DBA Xeric Oil & Gas Co. 11. DESCRIPTION OF WELL AND LEASE P.O. Box 51311, Midland, TX 79710

Lease Name Pure State	Well 1 #2	1	ool Name, Including Formation earl-Queen		ase eral or Fee	Lease No. <b>E-6005</b>
Location: Unit I: $660$ Feet From The ${f E}$	ASTline	e and 1	1980 Feet From The SOUTH Line.	Sec 36 T 19	9S R 34E N	MPM <b>Lea</b> County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Authorized Transporter of Oil X or Co Texaco Trading & Transportat		·:	Address-Give address to which approved copy of this form is to be sent <b>P.O. Box 60628, Midland, TX 79702</b>			
Authorized Transporter of Casinghead Cas Gas:	s or	Dry	Address-Give address to which approved copy of this form is to be sent			
If well produces oil or liquids. Unit Se give location of tanks P	ec. Twp. 36 195	<b>.</b> .	Is gas actually connected? No		When?	

If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA

Designate Type of Compl	etion - (X)	oil Well	Cas Well	New	Well	Workover	Deepen	PÌ	ug Back	Same Res'	Diff Res
Date Spudded	Date Compl. Ready to Prod.			Total Depth				P.B.T.D.			
Elevations	Producing Formation				Top Oil/Cas Pay				Tubing Depth		
Perforations									Depth Ca	asing Shoe	

## TUBING, CASING AND CEMENTING RECORD

Hole S <b>ize</b>	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	t 0il - Bbl		Water - Bbls.	Cas - MCF

CAS WELL

Actual Prod Test - MCF/1	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 Conservation Division have been complied with and that information given above is true and complete to the bes my knowledge and belief. Olla

12

	OI	L CONSERVATION DIVISION
0il   the	Date Approved	
tof	Date Approved	- من <sup>- بر مار</sup> <b>مر بوا ب</b> ر من
1	By	oug. Signed by Paul Kauty
2	Title	Geologist

Deb E. Chase, Production Clerk