

Submit 5 Copies
District I
P.O. Box 1930, Hobbs, NM 88240
District II
P.O. Drawer 88, Artesia, NM 88210

State of New Mexico
Geology, Minerals and Natural Resources Department
Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 87504-2088
REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 1-1-89

Operator: Mack Energy Corporation	Well API No.: 30025-31011
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 ☒ _____	Casinghead Gas _____ Condensate _____
EFFECTIVE JUNE 1, 1992	

If change of operator give name and address of previous operator: Randall Capps DBA Xeric Oil & Gas Co.
P.O. Box 51311, Midland, TX 79710

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jamaica State	Well No. #1	Pool Name, Including Formation Pearl-Queen	Kind of Lease ☒ State Federal or Fee	Lease No. E-6005
Location: Unit O :2310 Feet From The EAST line and 990 Feet From The SOUTH Line. Sec 36 T 19S R 34E NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil ☒ or Condensate _____: Koch	Address-Give address to which approved copy of this form is to be sent P.O. Box 1200, Hobbs, NM 88240					
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 O	Sec. 36	Twp. 19S	Rge 34E	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 Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res ¹	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/MCF	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, Production Clerk

Date

OIL CONSERVATION DIVISION

Date Approved

By

Title

Paul Brown
Geologist