Submit 3 Copies to Appropriate District Office

District I
P.O. Box 1980, Hobbs, NM 88240

District II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department

Oil Conservation Division

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89

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 Mexico 88210		Telephone No.: (505) 748-3436

Reason(s) for Filing (Check proper box)

New Well ___ Change in Transporter of:
Recompletion ___ Oil ___ Dry Gas ___
Change in Operator X Casinghead Gas ___ Condensate ___

___ Other (Please explain)

EFFECTIVE JUNE 1, 1992

If change of operator give name and address of previous operator Ernie L. Hegwer, 518 Zia Drive, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State #175	#1	Eumont Yates SR-QN	State, Federal or Fee	E-444

Location: Unit I : 660 Feet From The EAST line and 1980 Feet From The SOUTH Line. Sec 11 T 21S R 35E NMPM Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil X or Condensate ___:	Address-Give address to which approved copy of this form is to be sent:
Shell ~~Oil~~ Pipeline Company	P.O. Box 4457, Houston, TX 77210-4457
Authorized Transporter of Casinghead Gas X or Dry Gas ___: GPM Gas Corporation	Address-Give address to which approved copy of this form is to be sent: P.O. Box 5050, Bartlesville, OK 74005

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	Is gas actually connected?	When?
	I	11	21S	35E	Yes	

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	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)

OIL WELL

Date First New Oil Run To Tanks	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 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