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| 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 _____ Change in Transporter of: _____ Recompletion _____ Oil _____ <input checked="" type="checkbox"/> Dry Gas _____ Change in Operator _____ Casinghead Gas _____ Condensate _____ | |

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------------|---------------|---|---|---------------------|
| Lease Name Yates A | Well No. 2 | Pool Name, including Formation San Simon Yates Assoc North | Kind of Lease <input checked="" type="radio"/> State, Federal or Fee | Lease No. E-1921 |
|-----------------------|---------------|---|---|---------------------|

Location: Unit K: 1982 Feet From The West line and 1981 Feet From The South Line.
Sec 29, T 21S, R35E, NMPM, Lea County.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---|-------|
| Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate _____: Phillips 66 Company | Address-Give address to which approved copy of this form is to be sent 4001 Penbrook, Odessa, Texas 79762 | |
| Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas _____: EFFECTIVE: February 1, 1992 Phillips 66 Natural Gas Co GPM Gas Corporation | Address-Give address to which approved copy of this form is to be sent 1010 Plaza Office Bldg., Bartlesville, OK 74004 | |
| If well produces oil or liquids, give location of tanks Unit 0 Sec. 29 Twp. 21S Rge 35E | Is gas actually connected? Yes | 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' | 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)

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 | 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 3/20/91
Deb E. Chase, Production Clerk Date

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|---------------------------|--|
| OIL CONSERVATION DIVISION | |
| Date Approved | |
| By | |
| Title | |