

I.

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) _____ Other (Please explain) _____	
New Well _____	Change in Transporter of: _____
Recompletion _____	Oil _____ Dry Gas _____
Change in Operator X	Casinghead Gas _____ Condensate _____

If change of operator give name and address of previous operator Casing Pullers, Inc., P.O. Drawer B, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Yates A	Well No. 2	Pool Name, Including Formation San Simon Yates Associated, North	Kind of Lease 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, R 35E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil X or Condensate _____: Phillips 66 Company <i>Permian</i>	Address-Give address to which approved copy of this form is to be sent P.O. Box 791, Midland, Texas 79702 <i>1001 Pembroke Odessa, TX 79762</i>					
Authorized Transporter of Casinghead Gas X or Dry Gas _____: Phillips 66 Natural Gas Company	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 <i>0</i>	Sec. <i>29</i>	Twp. <i>21S</i>	Rge <i>35E</i>	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 OIL WELL 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. <i>Deb E Chase</i> <i>3/1/91</i> Deb E. Chase, Production Clerk Date	OIL CONSERVATION DIVISION Date Approved _____ By <i>ORIGINAL SIGNATURE</i> Title _____
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