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District I  
P.O. Box 1980, Hobbs, NM 88240  
District II  
P.O. Drawer 00, Artesia, NM 88210

State of New Mexico  
Oil, 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: <b>Mack Energy Corporation</b>	Well API No.: <b>30-025-03529</b>
Address: <b>P.O. Box 276, Artesia, New Mexico 88210</b>	Telephone No.: <b>(505) 748-3436</b>
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 <b>Yates A</b>	Well No. <b>4</b>	Pool Name, including Formation <b>San Simon Yates Assoc North</b>	Kind of Lease <b>State</b>	Lease No. <b>E-1924</b>
Location: <b>Unit B: 1980 Feet From The East line and 660 Feet From The North Line. Sec 32, T 21S, R35E, NMPM, Lea County.</b>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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**  
Deb E. Chase, Production Clerk

**3/20/91**  
Date

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_