

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

OIL CONSERVATION DIVISION

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Dusty Mac Resources Inc.	Well API No. 3002529808
Address 550 W. Texas, Suite 1303, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Madera Federal "25"	Well No. 1	Pool Name, Including Formation Southwest Jabalina Atoka Gas Pool	Kind of Lease State, Federal or Fee	Lease No. NM 65441
Location <u>S41/B41</u>				
Unit Letter <u>J/I</u> : <u>1980/1741</u> Feet From The <u>South</u> Line and <u>1980/1251</u> Feet From The <u>East</u> Line				
Section <u>25</u> Township <u>26-S</u> Range <u>34-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Sun Company, Inc.	2415 E. Hwy 80, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company	P O Box 1188, Houston, Texas 77251-1188
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	J 25 26-S 34-E No Dec 31, 1993
If this production is commingled with that from any other lease or pool, give commingling order number: <u>NA</u>	

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X						
Date Spudded 6-10-93	Date Compl. Ready to Prod. 11-9-93	Total Depth 15700'		P.B.T.D. 15400'				
Elevations (DF, RKB, RT, GR, etc.) GL 3198' RKB 3229'	Name of Producing Formation Atoka		Top Oil/Gas Pay 15291'		Tubing Depth 15180'			
Perforations 15291' to 15301' 0.31" Dia 40 holes					Depth Casing Shoe 15700'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-1/2"	5-1/2" 23# Liner		15700' Top @ 12465'		675			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 584 MCF/D	Length of Test 4 hrs	Bbls. Condensate/MMCF 3.4	Gravity of Condensate 47.0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3441 psi	Casing Pressure (Shut-in) 0	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.

James P. Stinson  
Signature Agent for Dusty Mac  
James P. (Phil) Stinson, Resources  
Printed Name Title  
12-6-93 (915) 682-6373  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 15 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells