ubmit 5 Copies appropriate District Office Appropriate Language DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico E. gy, Minerals and Natural Resources Department.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

ORIGINAL

D'STRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. 1 1544 Operator 30-025-5440000 Mack Energy Corporation Correctel Address 88211-0276 Post Office Box 276, Artesia, New Mexico Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE JULY 1, 1992 Change in Transporter of: New Well Dry Gas Recompletion Casinghead Gas Condensate \boxtimes Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation State, Federal or Fee FEE Lease Name LANGLIE MATTIX 7 RQ EATON, S.W. Location Feet From The S Line and 2290 _ Feet From The W Line . 1980 Unit Letter K Range 37E 25-\$, NMPM, 12 Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate X P.O. BOX 2528, HOBBS, NM 88240 TX NEW MEXICO PIPELINE Address (Give address to which approved copy of this form is to be sent)
201 MAIN ST., FT. WORTH, TX 76102 or Dry Gas Name of Authorized Transporter of Casinghead Gas X SID RICHARDSON Uzm When ? is gas actually connected? Twp. 25 Rge. Sec. Unit If well produces oil or liquids, 5-56 37 YES 12 give location of tanks. N If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v Deepen | Plug Back | Same Res'v Gas Well New Well Workover Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** CASING & TUBING SIZE HOLE SIZE 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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation JUL 29'92 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved _ ORIGINAL SIGNED BY JERRY SEXTON D'STRICT I SUPERVISOR Signature Deb E. Vice President Chase Title

Printed Name

Date

July 28,

1992

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

Title .

with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.

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Telephone No.

- 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.

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