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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	7
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
Operator MURACE F. MCKAY, JR.  
Address P.O. Box 14738, 5900 Tramway Blvd. N.E., Albuquerque, New Mexico 87111  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner McKay, Payne and Zachry, P.O. Box 14738, Albuquerque, N. M. 87111

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Maxwell</u>	<u>1</u>	<u>Aztec Pictured Cliff</u>	<u>XXXXXXX</u> Fee	
Location Unit Letter <u>F</u> : <u>1850</u> Feet From The <u>N</u> Line and <u>1850</u> Feet From The <u>W</u> Line of Section <u>1</u> Township <u>30N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
<u>El Paso Gas Company</u>	<u>El Paso Gas Company</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge. Is gas actually connected? 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'r.	Diff. Res'r.
		X						
Date Spudded <u>5-23-58</u>	Date Compl. Ready to Prod. <u>6-2-58</u>	Total Depth <u>2283</u>		Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.) <u>5818</u>	Name of Producing Formation <u>Pictured Cliff</u>	XXXXX/Gas Pay <u>2210 to 2228</u>		Depth Casing Shoe <u>2278</u>				
Perforations <u>2210 to 2228</u>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				

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 Tanks	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Murace F. McKay, Jr.  
(Signature)  
Operator  
9-30-75  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED LO 100 19  
BY Original Signed  
TITLE Commissioner

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.

## NEW MEXICO OIL CONSERVATION COMMISSION

Well Location and Acreage Dedication Plat

Section A.

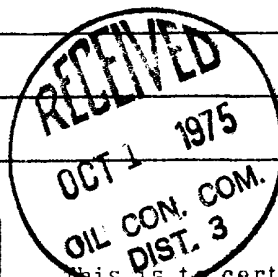
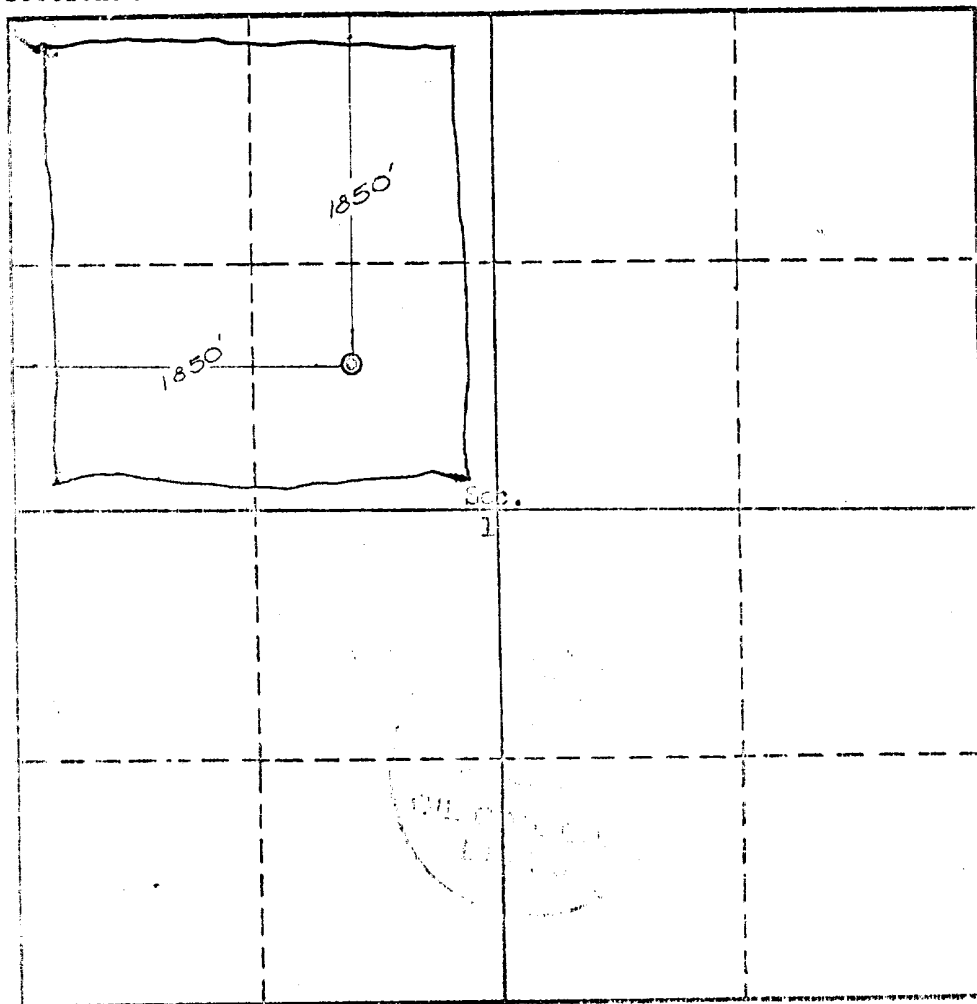
Date May 16, 1958

Operator McKay-Payne-Zachary Lease Maxwell  
 Well No. 1 Unit Letter F Section 1 Township 30 North Range 12 West NMPM  
 Located 1850 Feet From North Line, 1850 Feet From West Line  
 County San Juan G. L. Elevation 5818 Dedicated Acreage 160 1/4 Acres  
 Name of Producing Formation Pictured Cliffs Pool 1727cc

1. Is the Operator the only owner\* in the dedicated acreage outlined on the plat below?  
 Yes \_\_\_\_\_ No X.
2. If the answer to question one is "no," have the interests of all the owners been consolidated\* by communitization agreement or otherwise? Yes X No \_\_\_\_\_. If answer is "yes,"  
 Type of Consolidation Communitization Filed San Juan Co. N.M.
3. If the answer to question two is "no," list all the owners and their respective interests below:

OwnerLand Description

Section. B



This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

McKay-Payne-Zachary  
 (Operator)  
R. E. Jackson  
 (Representative)  
Box 891-Farmington, N.M.  
 Address

This is to certify that the well location shown on the plat in Section B was located from field notes of actual surveys made by me or under my supervision and that the same is true to the best of my knowledge and belief.

Date Surveyed May 16, 1958

Ernest V. Echobawk  
 Ernest V. Echobawk  
 Registered Land Surveyor.

Certificate No. 1545