

CO. OF APPLICANT OPERATOR	
DISTRICT OFFICE	
SANTA FE	<input checked="" type="checkbox"/>
ALBUQUERQUE	<input checked="" type="checkbox"/>
U.S.U.	
LAND OFFICE	
TRANSPORTER	
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
REGISTRATION OFFICE	
Operator	

P. O. BOX 208A  
SANTA FE, NEW MEXICO 87501

OCT 13 '87

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

McKay Oil Corporation

Address  
Post Office Box 2014, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Coatinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Eppers Federal	Well No. 2	Pool Name, including formation W. Pecos Slope Abo	Kind of Lease State, Federal or Fee NM-36190	Lessee
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Location  
Unit Letter D ; 330 Feet From The West Line and 773 Feet From The North

Line of Section 34 Township 5S Range 21E, NMPM, Chaves County

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 Coatinghead 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)
New Mexico Gas Marketing, Inc.	Post Office Box 2014, Roswell, NM 88201

If well produces oil or liquids, give location of tanks.	Unit G	Sec. 36	Twp. 6S	Rge. 22E	Is gas actually connected? Yes	When 10-1-87
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If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R.
		X	X					
Date Spudded 2-19-87	Date Compl. Ready to Prod. 6-22-87	Total Depth 3400'	P.B.T.D. 3151'					
Elevations (DF, H&B, RT, CR, etc.) 4303'	Name of Producing Formation Abo	Top Oil/Gas Pay 3016'	Tubing Depth 2639'					
Perforations <i>2695-3151</i>	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8 5/8"	914'	300 sxs. + 245
7 7/8"	4 1/2"	3210'	325 sxs. + 250 sxs.
	2 3/8"	2639'	

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 oil well)

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 2,354	Length of Test 4 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Sealing Method (split, back pr.) back pr.	Tubing Pressure (Shot-in) 810	Casing Pressure (Shot-in) 810	Choke Size

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.

*Theresa Rodriguez*  
(Signature)

Production Analyst

(Title)

October 6, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 22 1987, 19

BY Original Signed By

Les A. Clement

TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Form C-104 must be filed for each pool in multi-