

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY

JUN 16 1986

O. C. D.  
ARTESIA OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF APPROVED COPIES	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator  
McKAY OIL CORPORATIONAddress  
P. O. Box 2014, Roswell, NM 88201

## Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

## Other (Please explain)

Change in Operator, effective 4-1-86

If change of ownership give name  
and address of previous owner

Transwestern Gas Supply Co., 2801 N. Main, Roswell, N.M. 88201

## DESCRIPTION OF WELL AND LEASE

Lease Name Antelope Federal	Well No. 3	Pool Name, including Formation West Pecos Slope Abo	Kind of Lease Federal	Lease State, Federal or Fee NM-32335-A
Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line of Section 29 Township 4-S Range 22-E, NMPM, Chaves				

## 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)					
Transwestern Pipeline Company	P.O. Box 1188, Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 29	Twp. 4-S	Rge. 22-E	Is gas actually connected? yes	When 4/84

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, RT, CR, etc.)	Name of 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
			Post 10-3
			6-20-86
			Chg op

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 of  
able 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 (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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)

6-13-86

## OIL CONSERVATION DIVISION

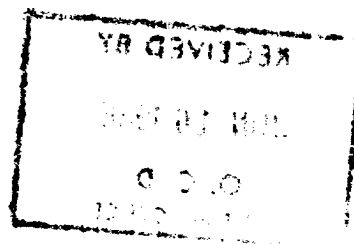
APPROVED JUN 17 1986, 19

BY Original Signed By  
Les A. Clements

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 deeper  
well, this form must be accompanied by a tabulation of the deviat  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own  
number, or transporter, or other such change of condi



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