

10 Box 1700, Hobbs, NM 88241-1700
District II
PO Drawer DD, Artesia, NM 88211-8719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

Energy, Minerals & Natural Resources Department

Revised February 10, 1994

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Instructions on back
Submit to Appropriate District Office

5 Copies

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

| | | |
|--|--|--------------------------|
| Operator name and Address McKay Oil Corporation P.O. Box 2014 Roswell, New Mexico 88202 | | OGRID Number 014424 |
| Reason for Filing Code CH 3/1/96 | | |
| API Number 30 - 005-61813 | Pool Name Pecos Slope Abo (Gas) / Leslie Spring, Wolfcamp | Pool Code 82730/80146 |
| Property Code 9904 18694 | Property Name State 16 | Well Number 4 |

II. Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South Line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| 0 | 16 | 7-S | 26-E | | 660 | South | 1980 | East | Chaves |

Bottom Hole Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South Line | Feet from the | East/West line | County |
|----------------|----------------------------|---------------------------------|---------------------|----------------------|-----------------------|------------------|---------------|----------------|--------|
| | | | | | | | | | |
| Lee Code ST | Producing Method Code F | Gas Connection Date 02-08-84 | C-129 Permit Number | C-129 Effective Date | C-129 Expiration Date | | | | |

III. Oil and Gas Transporters

| Transporter OGRID | Transporter Name and Address | POD | O/G | POD ULSTR Location and Description |
|-------------------|------------------------------|---------|-----|------------------------------------|
| 004992 | Comanche Gas Pipeline | 2238230 | G | RECEIVED |
| | | | | MAR - 5 1996 |
| | | | | OIL CON. DIV. |
| | | | | SEPT. 2 |

IV. Produced Water

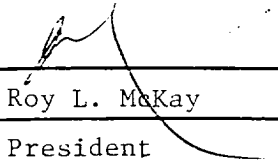
| POD | POD ULSTR Location and Description |
|-----|------------------------------------|
| | |

V. Well Completion Data


| Spud Date | Ready Date | TD | PBTD | Perforations |
|-----------|----------------------|-----------|--------------|--------------|
| | | | | |
| Hole Size | Casing & Tubing Size | Depth Set | Sacks Cement | |
| | | | Post TD-3 | |
| | | | 3-22-96 | |
| | | | chg op | |

VI. Well Test Data

| Date New Oil | Gas Delivery Date | Test Date | Test Length | Tbg. Pressure | Csg. Pressure |
|--------------|-------------------|-----------|-------------|---------------|---------------|
| | | | | | |
| Choke Size | Oil | Water | Gas | AOF | Test Method |
| | | | | | |

| | | | |
|--|--|---|--|
| I hereby certify that the rules 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. Signature:  | | OIL CONSERVATION DIVISION Approved by: SUPERVISOR, DISTRICT II Title: Approval Date: MAR 11 1996 | |
| Printed name: Roy L. McKay Title: President | | | |
| Date: 3-4-96 Phone: (505) 623-4735 | | | |

If this is a change of operator fill in the OGRID number and name of the previous operator

| | | | |
|--|----------------------------------|-----------------------|----------------|
| Previous Operator Signature  | Printed Name Bill J. Milstead | Title Land Manager | Date 3-4-96 |
| 020255 | Sanders Petroleum Corporation | | |

New Mexico Oil Conservation Division
C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

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

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filled for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filling code from the following table:

| | |
|----|---|
| NW | New Well |
| RC | Recompletion |
| CH | Change of Operator |
| AO | Add oil/condensate transporter |
| CO | Change oil/condensate transporter |
| AG | Add gas transporter |
| CG | Change gas transporter |
| RT | Request for test allowable (Include volume requested) |

If for any other reason write that reason in this box.
4. The API number of this well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:

| | |
|---|--------------------|
| F | Federal |
| S | State |
| P | Fee |
| J | Jicarilla |
| N | Navajo |
| U | Ute Mountain Ute |
| I | Other Indian Tribe |
13. The producing method code from the following table:

| | |
|---|----------------------------------|
| F | Flowing |
| P | Pumping or other artificial lift |
14. MO/DA/YR that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. MO/DA/YR of the C-129 approval for this completion
17. MO/DA/YR of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
21. Product code from the following table:

| | |
|---|-----|
| O | Oil |
| G | Gas |

22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
25. MO/DA/YR drilling commenced
26. MO/DA/YR this completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in this completion or casing shoe and TD if openhole
30. Inside diameter of the well bore
31. Outside diameter of the casing and tubing
32. Depth of casing and tubing. If a casing liner show top and bottom.
33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

34. MO/DA/YR that new oil was first produced
35. MO/DA/YR that gas was first produced into a pipeline
36. MO/DA/YR that the following test was completed
37. Length in hours of the test
38. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
39. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells
40. Diameter of the choke used in the test
41. Barrels of oil produced during the test
42. Barrels of water produced during the test
43. MCF of gas produced during the test
44. Gas well calculated absolute open flow in MCF/D
45. The method used to test the well:

| | |
|---|----------|
| F | Flowing |
| P | Pumping |
| S | Swabbing |

If other method please write it in.
46. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
47. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person