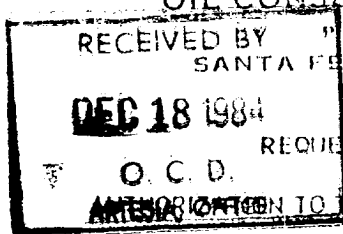


OIL CONSERVATION DIVISION

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	



REQUEST FOR ALLOWABLE
AND
TRANSPORT OIL AND NATURAL GAS

30-005-62161

McKay Oil Corporation ✓	
Address P. O. Box 2014, Roswell, NM 88202-2014	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name McKay Berrendo	Well No. 1-Y	Pool Name, including Formation Wildcat - Abo	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter I	1920	Feet From The South	Line and 660	Feet From The East
Line of Section 2	Township 10S	Range 24E	NMPM, Chaves	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company	P. O. Box 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? No When ASAP

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 Resrv. ☐	Diff. Resrv. ☐
Date Spudded 5-23-84	Date Compl. Ready to Prod. 6-1-84	Total Depth 4010'	P.B.T.D. 3573'					
Elevations (DF, RKB, RT, GR, etc.) 3554 GR	Name of Producing Formation Abo	Top Oil/Gas Pay 3474'	Tubing Depth 3470'					
Perforations 3474-3483' - Abo			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/4"	13 3/8"	174'	250sx
12 1/4"	8 5/8"	786'	250sx + 150sx + 110 sx
7 7/8"	4 1/2"	4000'	250sx
	2 3/8"	3470	

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 4 Pt. Back Pres.	Length of Test 4 hrs.	Bbls. Condensate/MMCF 123	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 760	Casing Pressure (Shut-in) 760	Choke Size Various

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.

(Signature)

Production Analyst

(Title)

December 17, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

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 Form C-104 must be filed for each pool in multiply completed wells.