STATE OF NEW MEXICO	011		ATION DIVISIO	<b>N</b>	form C-3 Revised	
DISTRIBUTION	RECEIVED	P. O. BO	0 X 2088 N MEXICO 87501			
F 11 F U.G.(J.B.				•		
	<b>DEC 18</b> 198	4 RECUEST FO	R ALLOWABLE			
TRANSPORTER DAS	O.C.D.		ND PORT OIL AND NATU	IRAL GAS		
PAUNATION OFFICE	ARTESIA,					
Operator McKay Oil Corpora	tion					
Address					,	
P. O. Box 2014, Ri Reason(s) for filing (Check proper bo		8202-2014	Other (Pleas	e explain)		
New Well		ransporter of:				
Accompletion Change in Ownership	Oil Casinghead	Gas Conde	81			
					<u></u>	
If change of ownership give name and addreas of previous owner						
E. DESCRIPTION OF WELL ANI	LEASE		·			
Lease Name	Well No. Po	ool Name, Including F		Kind of Leas State, Federa		Lease No.
McKay Harvey Fede	ral   #4	Wildcat S. F.U	os Alape TI 10		Federal	<u>NM-19829</u>
Unit Letter D : 8	60 Feet From "	The North Lin	ne and 860	Feet From '	The West	
Luce of Section 21 T	mship 9S	Range 2	25E , NMPN	. Chaves		County
Line of Section ZI T				<u>, ondyeb</u>		
DESIGNATION OF TRANSPOL Nemie of Authorized Transporter of C	RTER OF OIL A	ND NATURAL GA	Address (Give address		ved copy of this form is	
Name of Authorized Transporter of C		or Dry Gas			ved copy of this form is	io be sent)
Transwestern Pipe	Unit Sec.	Twp. Rge.	P. O. Box 25		<u>ón, TX 77001</u>	
If well produces oil or liquids, give location of tanks.			No		ASAP	
if this production is commingled w COMPLETION DATA	vith that from any o		give commingling orde	Deepen	Plug Back Same Re	s'v. Difl. Res'v.
Designate Type of Complet		1		1 1	*   *	, , 1,
Date Spudded 9-11-84	Date Compl. Rea 11-27-	-	Total Depth 4309'		P.B.T.D. 4163'	
9-11-04 Elevations (DF, KKR, RT, GR, etc.)			Top Oil/Gas Pay		Tubing Depth	
3570'	ABO		3892'		3883 * Depth Casing Shoe	
Sectorations 3892-3909 Abo					Separation of the second secon	
	and the second se		D CEMENTING RECOR			······
HOLESIZE	· · · · · · · · · · · · · · · · · · ·	TUBING SIZE	DEPTH S		SACKS CEI 300sx + 100sx	
<u>12 1/4''</u> 7 7/8''	<u> </u>		4220'		300sx + 300sx	+ Circ
	2 3/8		3883		100sx	
TEST DATA AND REQUEST I		.F. (Test must be a	fter recovery of total voli	ume of load oil	and must be equal to or	exceed top allow
OIL WELL	Date of Test	able for this di	epth or be for full 24 hour Producing Method (Flow	3)		
Date First New Oil Run To Tanks	Date of Test					
Langth of Test	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil-Bbla.		Water-Bbls.		Gas - MCF	
			]		1	, 
CAP WELL					·	
GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMC	CF	Gravity of Condensate	)
475 Testing Method (pitor, back pr.)	4 hrs	(s)	Casing Pressure (Shut	t-in)	Choke Size	
4 Point Back Pres	1		1008		32/64	
CERTIFICATE OF COMPLIA!	NCE			ONSERVA	FION DIVISION	,
' hereby certify that the rules and	les mulations of the	Dil Conservation	APPROVED			19
Visition have been complied wit	h and that the in:	formation given	11			
bave is true and complete to the	te bent of my kno					the Manufacture of Statement of the Advance of the Advance
		*	11		compliance with RUL	
havance A	Schnutt			were for allow	vahin for a newly drill	ed or deepense
Si	nature)	<u></u>	wall, this form must	woll in accompa	nied by a tabliation of rdance with MULE 11	1.
Production Anayls	t Tiile)		All sections o	f this form mu acompleted wa	ist be filled out compl slis.	ataly for allow
December <u>17, 1984</u>	· · ·			C. allana 1 1	I, III, and VI for cha ter, or other such chan	nges of owner, ge of condition
and the second	)ute)		Separate Form	sa C-104 mus	t he filed for each i	iool in multiply
			enniptered wells.			

NU	STATE OF NEW MEXICO	OIL CONSERVA	TION DIVISION	Form C-104 Revised 10-1-78		
		P. O. BO	X 2088			
	71LE	FC 18 1984	RALLOWABLE			
	OIL		ND			
1.	PAGNATION OFFICE		······································			
	McKay Oil Corporati	on	· · · · · · · · · · · · · · · · · · ·			
	P. O. Box 2014, Ros	well, NM 88202-2014	Other (Please explain)			
	Reason(s) for filing (Check pioper box) New Well X	Change in Transporter of:				
	Recompletion	Oll Dry Ga Casingheod Gas Conder		·		
1	If change of ownership give name					
	and address of previous owner					
н.	DESCRIPTION OF WELL AND I	Hell No. Fool Junic, Meter	ormation Kind of Les	-		
	McKay Harvey Federa					
	Unit Letter;860	Feel From The North Lir	ne and <u>860</u> Feet From	n The West		
	Line of Section 21 Tw	mship 9S Range 2	25E , NMPM, Chave	S County		
· .	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GA		roved copy of this form is to be sentj		
	Nome of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2521, Houston, TX 77001			
	Transwestern Pipeli	Unit Sec. Twp. Rge.	Is gas actually connected?	vhen		
	give location of tanks. If this production is commingled wit	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	give commingling order number:	ASAP		
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio	n (X)		P.B.T.D.		
	Date Spudded 9-11-84	Date Compl. Ready to Prod. 11-27-84	Total Depth 4309	4163'		
	Elevations (DF, RKB, RT, GR, etc.) 3570	Name of Producing Formation ABO	Top Oil/Gas Pay 3892'	Tubing Depth 3883'		
	Perforations			Depth Casing Shoe		
	3892-3909' Abo	TUBING, CASING, AN	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			
	12 1/4"	8 5/8"	810' 4220'	300sx + 100sx 300sx + 300sx + Circ		
	7_7/8''	4 1/2"		100sx		
		23/8	3883	il and must be equal to or exceed top allow		
	TEST DATA AND REQUEST FO	Date of Test	lepth or be for full 24 hours) Producing Method (Flow, pump, gas			
	Date First New Dil Run To Tanks	Date of lest		Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure			
	Actual Prod. During Test	Oll-Bbls.	Water-Bbls.	Gas - MCF		
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D 475	4 hrs.	(Cosing Pressure (Shut-in)	Choke Size		
	4 Point Back Pres.	Tubing Pressue (Shut-in) 1008	1008	32/64		
.1	CERTIFICATE OF COMPLIAN	CE	DIL CONSERV	ATION DIVISION		
	and the second	remulations of the Dil Conservation	APPROVED	, 19		
	I hereby certify that the rules and Division have been complied with above is true and complete to the					
	above is true and complete the		TITLE			
	1	n 1 1 _11	This form is to be filed i	n compliance with NULE 1104.		
	Tanance \$	Schwell	If this is a request for al	lowable for a newly drilled or deepene- manied by a tabulation of the deviatio		
	pign	ature)	tests taken on the well in ac	COLURNOW WITH MUCH TITL		
	Production Anaylst	iile)	able on new and recompleted	must be filled out completely for allow wells.		
	December 17, 1984	ale)	well name or number, or trans;	, 11, 111, and VI for changes of owner porter, or other such change of condition		
	- (1)	,	Separate Forma C-104 n consistent wella.	oust be filed for each pool in multipl		

STA VERGY AN	TE OF NEW MEXICO O MINERALS DEPARTMENT	OIL CONSERVA		Form C-104 Revised 10-1-78
••••			X 2088	
		RECEIVEDSANTA FE, NEW	MEXICO 87501	
V.6.U.	· · · · · · · · · · · · · · · · · · ·	DEC 18 1984 REQUEST FOR		
	PORTER		ND	
	ATION OFFICE	AUTHORIZATION TO TRANSP	ORT OIL AND NATURAL GAS	
Operat	McKay Oil Corporati	on		
Addrei				
Reaso	P. O. Box 2014, Ros	well, NM 88202-2014	Other (Please explain)	
New W		Change in Transporter of: Ott Dry Gas		
	npletion e in Ownership	Oil Dry Cas Casinghead Gas Conden:		
L	nge of ownership give name			
If chai and ad	Idress of previous owner			
I. DESC	RIPTION OF WELL AND I	EASE Well No. Pool Name, Including Fo	ormation / Kind of Leas	Lease No.
Lease	McKay Harvey Federa	Well No. Pool in and	12. Alane File State, Feder	ol or Foe Federal NM-19829
Local	lon		960	- Nost
Սո	D ; 860	Feet From The North Line	e and <u>860</u> Feet From	The West
Li	ne of Section 21 Tw	mship 9S Range 2	5E , NMPM, Chaves	County
. DESI	GNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which appro	oved copy of this form is to be sent)
Non.e	of Authorized Transporter of Cil			
Hane	of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appro P. O. Box 2521, Houst	
	Transwestern Pipeli	Unit Sec. Twp. Rge.		nen
cive	ll produces oil or liquids, location of tanks,		No	ASAP
If this	s production is commingled wit PLETION DATA	h that from any other lease or pool,		Plug Back Same Resty, Diff. Resty,
	esignate Type of Completio	on = (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Nes V. Din, Nes V.
	Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	9-11-84	11-27-84 Name of Producing Formation	4309' Top Oil/Gas Pay	4163 <sup>1</sup> Tubing Depth
Eleve	3570 <sup>1</sup> 3570 <sup>1</sup>	ABO	3892'	3883 Depth Casing Shoe
Perfe	3892-3909' Abo			
			CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	810'	300sx + 100sx
	<u>12 1/4"</u> 7 7/8"	<u>8 5/8"</u> <u>4 1/2"</u>	4220'	300sx + 300sx + Circ
		278	3883	100sx
	T DATA AND REQUEST F		fier recovery of total volume of load oi	l and must be equal to or exceed top allou
011.	WELL First New Dil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas i	lift, etc.)
Date	First New DI, All 10 Julie		Casing Pressure	Choke Size
Leng	oth of Test	Tubing Pressure		
Actu	al Prod. During Test	Oll-Bble.	Water-Bbls.	Gas - MCF
Ĺ				
	WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Acts	al Prod. Test-MCF/D 475	Length of Test 4 hrs.		
Teat	ung Method (puor, back pr.)	Tubing Pressue (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
	4 Point Back Pres.		1008 II DIL CONSERVA	TION DIVISION
	TIFICATE OF COMPLIAN			, 19
1 her	eby certify that the rules and	regulations of the Oil Conservation and that the information given		
Divi: #5av	e is this and complete to the	e best of my knowledge and belief.	· BY	
·			TITLE	
		Al H		compliance with MULE 1104. Swable for a newly drilled or deepens
	Adridence A	sature)	woll, this form must be accomp train taken on the well in acc	ordance with MULE 111.
	Production Anay1st		All sections of this form m	nust he filled out completely for allow
	(7)	itle)	able on new and recompleted v Fill out only Sections 1.	it it and VI for changes of owne-
	December 17, 1984	ate)	wall name or number, or transpo	inter, or other such change of condition out he filed for each pool in multipl
			remiterd wells.	

UT.1	STATE OF NEW MEXICO		TION DIVISION	Form C-104 Revised 10-1-78
ſ		P. O. BO.		
ł		REC SANTA FE. NEW	MEXICO 87501	
	V.0.0.3.	DEC 18 NUM	'	
	LAND OFFICE	REQUESTFOR	_	
	IRANIPORTER GAS	O. C. D. AN AUTHORIZATION TO TRANSP	ND PORTION AND NATURAL GAS	
	PRONATION OFFICE	ARTESIA, VALZATION DI TRAVISI		
	Operator			
	McKay Oil Corporati	on	<u> </u>	
	P. O. Box 2014, Ros	well, NM 88202-2014		
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)	
	New Well X Recompletion	Oil Dry Ga	• 🔲	
	Change in Ownership	Casinghead Gas Conden	sale	
1	If change of ownership give name			
	and address of previous owner			
I.	DESCRIPTION OF WELL AND I	LEASE	prmation / Kind of Lea	se Loase No.
	Lease Name	Well No. Pool Name, Increasing 1	on Slops Hills State, Feder	_
	McKay Harvey Federa	II #4 WIIGCAL ), W	a sapone	
	Unit Letter D : 860	Feel From The North Lin	e and <u>860</u> Feet From	TheWest
	21 -	mahin 95 Range 2	5E , NMPM, Chaves	c County
	Line of Section 21 TA	nship 95 Range 2		9
•.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which appr	oved copy of this form is to be sent)
	Name of Authorized Transporter of Cil	cr Condensate		
	Name of Authorized Transporter of Cas	inghead Gas ar Dry Gas		oved copy of this form is to be sent)
	Transwestern Pipeli	ine Company	P. O. Box 2521, Hous	ton, TX 77001
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	No	ASAP
	give location of tarks.	h that from any other lease or pool,		Abhi
	If this production is commingled with COMPLETION DATA		New Well Workover Deepen	Plue Back Same Res'v. Diff. Res'v.
•••	Designate Type of Completic			
	Date Soudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	9-11-84	11-27-84	4309'	4163' Tubing Depth
	Elevations (DF, RKB, RT, CR, etc.) 3570 <sup>1</sup>	Name of Producing Formation ABO	3892'	3883'
	Perforations			Depth Casing Shoe
	3892-3909' Abo	TUDING CASING AND	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12 1/4"	8.5/8"	810'	<u> </u>
	7 7/8"	4 1/2"	4220'	<u>300sx + 300sx + Circ</u> 100sx
		23/8	3883	
	TEST DATA AND REQUEST F	OP STIOWARIE (Test must be a	fer recovery of total volume of load o	il and must be equal to or exceed top allow
••	OIL WELL	able for this de	pth or be for full 24 hours) Producing Mothod (Flow, pump, gas	lift, etc.)
	Date First New Oil Run To Tanks			
	Length of Test	Tubing Pressure	Cosing Pressure	Choke Size
	Actual Prod. During Test	Oll-Bbla.	Water-Bbis.	Gas - MCF
	Actual press. During 1011			
	GAS WELL	Length of Test	Bbls. Condensute/MMCF	Gravity of Condensate
	475	4 hrs.	Cosing Pressure (Shut-in)	Choke Size
	Teeting Method (pitot, back pr.)	Tubing Pressue (Shut-in)	-	32/64
	4 Point Back Pres.			ATION DIVISION
Ί.	CERTIFICATE OF COMPLIAN			
	I hereby certify that the rules and	regulations of the Oll Conservation		. 19
		a and that the information given a beat of my knowledge and belief.	·BY	
			TITLE	
	1 -	nil -H	This form is to be filed in	n compliance with NULE 1104.
	RAMPING - A	Schwell	If this is a request for all	owable for a newly drilled or deepens penied by a tabulation of the deviatie
	1-7	hotwe)	thats taken on the well in acc	CORDANCE WITH HOLE ITTE
	Production Anaylst		able on new and recompleted	must be filled out completely for allow wells.
	December 17, 1984	-	I must contract the state of the	II, III, and VI for changes of owner otter, or other such thange of condition
		late)	well name or number, or transp Severete Forms C-104 m	ust be filed for each pool in multipl
			Il connected wells.	

STATE OF NEW MEXICO	OIL CONSERVA		N	Form C-104 Revised 10-1-78
	RECEISANTA FE, NEL	X 2088		
	SANTAFE, NET	WEXICO BISUT	,	
8.0.8.	DEC 18 1984			
AANSPUNTER DIL		R ALLOWABLE ND		
DAL PERATOR	O. C. D. A	PORT OIL AND NATU	RAL GAS	
ADDATION OFFICE	ARIESIA, C	- <u></u>		
McKay Oil Corpor	ation			
ddress				
	Roswell, NM 88202-2014			
eason(s) for filing (Check proper		Other (Please	explain)	
••• Well X	Change in Transporter of: Oil Dry Go			
ecompletion	Casinghead Gas Conde			
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
change of ownership give nar d address of previous owner_				
ESCRIPTION OF WELL A	VD LEASE. Well No. Pool Name, Including F	ormaliou	Kind of Lease	
ease Name Makar Lawron Fod		Il. Ala	State, Federal or	
McKay Harvey Fed	erar #4 writeat	ELAND WIT		Federal   NM-198
п	860 Feel From The North Lir	and 860	_ Feet From The	West
Unit Letter ;;;				
Line of Section 21	T. mship 95 Range 2	<u>5Е, ммрм</u>	Chaves	County
ESIGNATION OF TRANSP	CIL CI Condensate	S Address (Give address t	o which approved	copy of this form is to be sent)
eme of Authorized , relisporter of			••	· · · · · · · · · · · · · · · · · · ·
iane of Authorized Transporter of				copy of this form is to be sent)
Transwestern Pip		P. O. Box 252		TX 77001
well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas octually connecte		14.0
ive location of tanks,	<u></u>	No		SAP
this production is commingled OMPLETION DATA	with that from any other lease or pool,	give commingling order	number:	
	(Y) Oil Well Gas Well	New Well Workover	Deepen P	lug Back   Same Res'v. Diff. Res
Designate Type of Compl		↓ ↓ ↓		1 P
ate Spudded 9-11-84	Date Compl. Ready to Prod. 11-27-84	Total Depth		.B.T.D.
9-11-04 evolions (DF, RKB, RT, GR, etc		4309' Top Oil/Gas Pay	·	4163' ubing Depth
3570'	ABO	3892'		3883'
rforations			D	epth Casing Shoe
3892-3909' Abo				
	TUBING, CASING, AND	CEMENTING RELOR		SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	810'		00sx + 100sx
12 1/4"	<u> </u>	4220'		00sx + 300sx + Circ
7_7/8"				00sx
	238	3883	i	
'DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volur pth or be for full 24 hours,	ne of load oil and	must be equal to or exceed top allo
FLL Jirst New Oil Run To Tanks	Dote of Test	Producing Method (Flow		ic.)
of Test	Tubing Pressure	Cosing Pressure	C	hoke Size
		Water-Bbis.		an - MCF
Prod. During Test	011-ВЫ.	Waler- Bbis.		1
		<u>I</u>		
LL		T	<u></u>	
od. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	G	ravity of Condensate
75	4 hrs. Tubing Pressure (Shut-in)	Cosing Pressure (Shut-		hoke Size
•ited (pitol, back pr.) Point Back Pre		1008		32/64
CATE OF COMPLI			NSERVATIO	
LATE OF COMPLE				
rtify that the rules =	nd regulations of the Oil Conservation	APPROVED		
we been complied y	vith and that the information given the beat of my knowledge and belief.	.BY		
is and complete to	···· 2011 1/			
	-	1		
1 -	N/11-H			pliance with RULE 1104.
aname	X Schmull	wall this form must	ts accompanied	e for a newly drilled or deepend by a tabulation of the deviation
	in nature)	insta taken on the w	ell in accordan	ce with MULE 111.
uction Anayl	st (Tiule)	All sections of sble on new and sec	his form must b ompleted walls.	e filled out completely for allow
mber 17, 198		Ent out only S	ctions I. H. H.	I, and VI for changes of owned
·	(Date)			r other such change of conditio filed for each pool in multip
		Separate Forma completed wella.		the set of a set there is much