RSY PO MINERALS DEPARTMENT	OIL CONSERV	ATION DIVISION	Revised 10-7-78	
Exch I AIR UT IDM	P. O. D	OX 2088 RECEIVE	D BY	
14W1A 78	SANTA FE, NE	W MEXICO E750 RECEIVE	į į	
U 1.U.1.	DEDUCET CO	DEC 27	1984	
LAND DIL		DR ALLOWABLE AND O. C.	D.	
OPERATOR	AUTHORIZATION TO TRAN	SPORT OIL AND NATURNESDAS		
Operation of FICE	1/	.:		
McKay Oil Corporatio	n			
P. O. Box 2014, Rosw	ell, NM 88202-2014			
Repson(s) for filing (Check proper box		Other (1 Hold of o	royace	
Now Well X	Change in Transporter of: Oil Dry C	· D H com	ruct_	
Recompletion Change in Ownership		enagle		
If change of ownership give name			-	
and address of previous owner				
DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including	Formation I Vied at 1		
McKay Harvey Federal	WE11 140: 17 001 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 I	Loose	
Location			rederal NM-198	
Unii Letter N : 660	Feet From The South L	ine and 1980 Feet From	The West	
17 -	emship 9S Range	25E , NMPM, Chave	. '	
Cine of Section.		- John John John John John John John John	S Cour	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS Address (Give address to which app	roved copy of this form is to be sent)	
Neme of Authorized Transporter of Cit		· I	·	
Name of Authorized Transporter of Ca	singhead Gas 🕞 or Dry Gas 🔀	Address (Give address to which appr	oved copy of this form is to be sent)	
Transwestern Pipeline	Company Unit Sec. Twp. Rge.	P. O. Box 2521, Houst	on, TX 77001	
If well produces oil or liquids, give location of tanks.		No	ASAP	
If this production is commingled wi	ith that from any other lease or pool	, give commingling order number:	,	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Re.	
Designate Type of Completi		X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth 4310	P.B.T.D.	
9-26-84 Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	3610 Tubing Depth	
3548 GR	Abo	3580'	3577'	
Perforations 3580 - 3589 t Abo			Depth Casing Shoe	
3300 - 3309 ADO	TUBING, CASING, AN	ID CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4"	8 · 5/8"	800'	50sx ± 150sx ± 63sx	
7 7/8"	4 1/2"	40221	300sx + 300sx, Circ	
	1 275	3577		
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be oble for this o	after recovery of total volume of load oil lepth or be for full 24 hours)	and must be equal to or exceed top allo	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ifi, etc.)	
		16		
Length of Test	Tubing Piessue	Cosing Pressure	Choie Size	
Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gae - MCF	
			<u> </u>	
CALBELL				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Cravity of Condensate	
633 Teating Method (paint, back pr.)	Tubing Pressure (shat-in)	Cosing Pressure (Ebut-in)	Chote Sixe	
4 Pt. Back Pressure		820	Various	
CERTIFICATE OF COMPLIAN	SCE .	OIL CONSERVAT	TION DIVISION	
		APPROVED		
	regulations of the Oil Conservation	·	, IV	
above is true and complete to the	ne beat of my knowledge and belief.	BY		
		TITLE		
	(a)	£1.	compliance with MULE 1104.	
Muckey Osewer		If this is a request for allowable for a newly drilled or despense wall, this form must be accompanied by a tabulation of the deviation		
Production Anaylst		tests taken on the well in accordance with MULK 111. All sections of this form must be filled out completely for allow-		
	riale)	able on new and secompleted we	lla.	
December 26, 1984	Date)	Fill out only Sections 1, 11 well name or number, or transport	. Ill, and VI for changes of owner, east other such change of condition	
• "	•	17	the filed for each pool in multiply	
		AT A SECURITION OF THE SECOND		

COA MAN WHITEHOUTH OCCUMENT	OIL CONSERV	ATION DIVIS	I CRECEIVED	Revised 10-1-78
first wie ut 10H	P 6 10	1		
1 A M 1 A F 8	SANIA IL, NI	W MEXICO B	⁰¹ DEC 27 198	4
ν (.υ.).	•	· [O. C. D.	
LAMI OFFICE		OR ALLOWABLE	ARTESIA, OFFIC	- <u>-</u> -
DAS DAS	AUTHORIZATION TO TRAN	AND LISPORT OIL AND NA		
PACHATION OFFICE				
Operator		.•		
McKay Oil Corporati	on •			
P. O. Box 2014, Ros	swell, NM 88202-2014			
(enson(s) for liling (Check proper b		Other (Pl	rose explain)	
New Well	Change in Transporter al: OII Dry (
Recompletion		lensate		
change of ownership give name nd address of previous owner			·	
	n t FASE			
DESCRIPTION OF WELL AND	Well 140. Foot fedire, increasing	Formation	Kind of Lease	Leone N
McKay Harvey Federa	1 #3 S. Pecos Slope	alo	Stale, Federal o	Federal NM-1982
Location				')
Unii Letter N : 66	O Feet From The South L	Ine and <u>1980</u>	Feet From The	West
Line of Section 17	T mahip 9S Range	25E , NM	ры. Chaves	•
	`			Count
ESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS	e to which and	copy of this form is to be sent)
Neme of Authorized Transporter of (ar cometations	Nac. ess (Othe Babye)	s so which approved	copy of this form is to be sent)
Hene of Authorized Transporter of	Cosinghead Gas or Dry Gas 🔀	Address (Give addres	s to which approved	copy of this form is to be sent!
Transwestern Pipeli	ne Company		521 Houston	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually conne	ected? When	\
cive location of tanks.		No No		ASAP !
f this production is commingled	with that from any other lease or pool	l, give commingling or	der number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workove	Deepen P	lug Back Same Res'v. Diff. Res
Designate Type of Comple		Total Depth		
Date Spudded	Date Compl. Ready to Prod.	4310	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.B.T.D.
9-26-84 Elevations (DF, RKB, RT, GR, etc.	12-13-84 Name of Producing Formation	Top Oil/Gas Pay	7	3610 bubing Depth
3548 GR	Abo	3580'	<u>_</u>	3577'
Perforations	 -		D	epth Casing Shoe
3580 - 3589 t Abo	TUBING, CASING, AL	ND CEMENTING RECO	ORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH		SACKS CEMENT
12 1/4"	8 -5/8"	8001	5	0sx ± 150sx ± 63sx
7 7/8"	4 1/2"	40221		00sx + 300sx, Circ
	23/8	3577	1	5sx
			Juma of land ail and	nust be equal to or exceed top allow
TEST DATA AND REQUEST		Bepin or be for full 24 hor	ura)	
Date First New Oil Run To Tonks	Date of Test	Producing Method (Fl	ow, pump, gas lift, et	c.)
	Tubing Piesaue	Cosing Pressure	· Ich	oke Size
Length of Test				
Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Co	*-MCF
CACRETI				•
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	CF Gr	rvity of Condensate
633	4 hrs. Tubing Piecewe (Shut-in)		•	·
Testing Method (pitot, back pr.)		Cosing Pressure (Eby	· · · · · · · · · · · · · · · · · · ·	ote Size
4 Pt. Back Pressure		820		Various
CERTIFICATE OF COMPLI	ANCE	UIL (CONSERVATION	DIVISION
and the suite sharther suites a	nd regulations of the Oll Conservation	APPROVED		
	with and that the information given the beat of my knowledge and belief			
shave is true and complete to	the beat of my anemore and anemore	fi .	•	
		TITLE	-	
· · · · /	9(1)	51		lance with nULE 1104.
Muckey	Drewer Signature)	wall, this form mu	at be accompanied	for a newly drilled or deepened by a tabulation of the deviation
Production Anaylst	· •	tools taken on the	well in accordance	with MULE 111.
Tradection mayist	(Title)	All eactions of able on new and a		filled out completely for allow-
December 26, 1984		Fill out only	Sections 1, 11, 111,	and VI for changes of owner, other such thenye of condition.
•	(Date)			flied for sech pool in multiply
•		respoteted wells.		ben en marrilli

CRSY AIR MINERALS DEPARTMENT	OIL CONSERV	ATION DIVI SI	RECEIVI	ED BY	14d 10-1-78
SAMIA FE	SANTA FE, NE	W MEXICO 8750	DEC 27	1004	
V 4.0.0.			DEG & I	1304	
LAMIT DIE FEE		OR ALLOWABLE	O. C.		
TAANSPURTER OAS	AUTHORIZATION TO TRAN	AND SPORT OIL AND NAT	ARTESIA,	OFFICE	
PADRATION OFFICE					
McKay Oil Corporation	<u>.</u>	· ·			
P. O. Box 2014, Roswe	11. NM 88202-2014	•			
Reason(s) for filing (Check proper box)	_	Other (Plea	se explain)		
Now Well X	Change in Transporter of: Oil Dry (-			
Recompletion Change in Ownership		ienaate 📗		$j^{\prime}=j^{\prime}$	
If change of ownership give name					
and address of previous owner					
. DESCRIPTION OF WELL AND I	EASE. Well No. Pool Name, Including	Formation .	Kind of Leas	• 111	Leose No
McKay Harvey Federal	#3 S. Pecos Slope	alro	State, Federa	Federal	
Location N : 660	Feet From The South L	ine and1980	Feet From '	The West	
Onit Delies	nahip 9S Range	25E , NMP		, nest	
Line of Section	,		M. Chaves		County
Neme of Authorized Transporter of Cil	ER OF OIL AND NATURAL G	Addiess (Give address	to which approx	ved copy of this form i	is to be sent)
Hene of Authorized Transporter of Cos	inghead Gas 🔃 or Dry Gas 🔀	Address (Give address	to which approv	ved copy of this form i	s to be sent)
Transwestern Pipeline	Company Unit Sec. Twp. Rge.	P. O. Box 25	21 Housto	77001	
If well produces oil or liquids, give location of tanks.		No	<u> </u>	ASAP	
If this production is commingled with	h that from any other lease or pool	l, give commingling orde	r number:		
COMPLETION DATA	on - (X) Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same R	les'v. Dill. Realy
Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth .		P.B.T.D.	<u> </u>
Date Spudded 9-26-84	12-13-84	4310');	3610'	
Elevations (DF. RKB. RT. CR. etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
3548 'GR	Abo	<u> 3580'</u>	, j	3577 Depth Casing Shoe	
Perforations 3580 - 3589 t Abo					
	TUBING, CASING, AI CASING & TUBING SIZE	ND CEMENTING RECOR		SACKE OF	
HOLE SIZE	8 ·5/8"	800'	<u> </u>	50sx ± 150sx	
12 1/4" 7 7/8"	4 1/2"	40221		300sx + 300sx	- 03sx X. Circ
7 775		3577		15sx	
	OR STIONARIE Gest must be	after recovery of total value	and load ail a	i	
TEST DATA AND REQUEST FO		depth or be for full 24 hour.	r)		exceed top allow-
Date First New Di! Run To Tanks	Date of Test	Producing Method (Flor	u, pump, gas lift	, etc.j	
Length of Total	Tubing Pressure	Cosing Pressure		Choke Size	
		Woter-Bbla.			
Actual Prod. During Test	Oil-Bble.			Gos-MCF	
GAS WELL	Length of Test	Bbls. Condensate/MMC	F	Grovity of Condensate	!
Actual Prod. Tool-MCF/D	4 hrs.			Chority of Condensate	'
Teeting Method (pitot, back pr.)	Tubing Pressure (Shat-in)	Cosing Pressure (Ebyt	-in)	Choke Size	
4 Pt. Back Pressure		820	ONCEDIATI	- Various	
1. CERTIFICATE OF COMPLIAN	CE	UIL C	ONSERVATI	ON DIVISION	
I hereby certify that the rules and	regulations of the Oll Conservatio	APPROVED	 		19
Division have been complete to the	i and that the information given e beat of my knowledge and belief	L .BY			
	· ·		to filed in co	impliance with null	
Muskey Sie	Sewer	_ If this is a req	nest for allows	ble for a newly drill	ed or deapened
	noiwe)	well, this form must tests taken on the	t be accompant well in accord	end by a tabulation o	I the deviation
Production Anaylst	irle)	11	this form must	the filled out comple	
December 26, 1984		Fill out only	Sections I, II,	III, and VI for char	nges of owner.
· (I)	ore)	well name or numbe	i, or transporter	nor other such chang he filed for each po	e of condition
		consisted wells.	- Carra must	int ascu be	or or muttiply

A A AND RESIDENCE DE VALLE	OIL CONSERVA	ATION DIVIS	ION	Aevis	10-1-78
[1151 616 UT 104	P. O. BO	1	RECEIVE	ED BY	
71.0	SANTA FE, NEV	W MLXICO B730			
U 1.U.0.			DEC 27	1984	
LAMII GIFFICE		R ALLOWABLE	O. C.		
DAS	AUTHORIZATION TO TRANSI	ND PORT OIL AND NAT			
PADRATION OFFICE		· cit oic /dib i	LUK ALGUS AN	544.00	
Operator	:	.*			
McKay Oil Corporatio	<u>n</u>				
P. O. Box 2014, Rosw	rell, NM 88202-2014				
Reason(s) for filing (Check proper box		Other (Plea	are explain)		
Now Well X	Change in Transporter of:			! !	
Recompletion	OII Dry Co Casingheod Gas Conder	\approx 1			
Change in Ownership			·	;	
If change of ownership give name and address of previous owner.					
3.1.4					
DESCRIPTION OF WELL AND	Vell No. Pool Name, Including F	ormation .	Kind of Leas		
McKay Harvey Federal				Federal	Lease No
Location				rederar	NM-1982
Unit Letter N : 660	Feet From The South Lin	ne and 1980	Feet From	The West	
	0.0	~ -		.)	
Line of Section 17 T	amship 9S Range 2	25E , NMF	M. Chaves		County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS.			
None of Authorized Transporter of Ci	1 Cr Condensate	Address (Give addres.	s to which appro	ved copy of this form is	to be sent)
		(6: 11			
Home of Authorized Transporter of Co		1		ved copy of this form is	to be sent)
Transwestern Pipeline	Unit Sec. Twp. Rge.	P. O. Box 25	21. Housto		
If well produces oil or liquids, give location of tanks.		No	į	ASAP	
	ith that from any other lease or pool,	give commingling ord	er number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover		Pluc Back Same Re	4. 15.4 =
Designate Type of Completi	on - (X)	Х	7	1 Jonne Me	I I
Date Spudded	Date Compl. Ready to Prod.	Total Depth .		P.B.T.D.	
9-26-84	12-13-84 Name of Producing Formation	4310'		3610'	
Elevations (DF, RKB, RT, GR, etc.) 3548 GR	Abo	Top Oil/Gas Pay		Tubing Depth	
Perforations	ADO	3580'		3577 Depth Casing Shoe	<u> </u>
3580 - 3589 t Abo					
	TUBING, CASING, AND				
HOLE SIZE	CASING & TUBING SIZE	DEPTH S	SET	SACKS CEN	
12 1/4"	8 ·5/8" 4 1/2"	800' 4022'		50sx ± 150sx :	63sx
7 7/8"				300sx ± 300sx 15sx	Circ
	1 2 3/8	3577		i	
TEST DATA AND REQUEST I	FOR ALLOWABLE Test must be of phile for this de	fier recovery of total vol epih or be for full 24 hou	ume of load oil a	nd must be equal to or e	rceed top allow-
OIL WELL Date First New Oil Bun To Tonks	Dote of Test	Producing Method (Flo	=	, etc.)	
Date First Row On The I				<u></u>	
Length of Test	Tubing Pressure	Cosing Pressure	•	Choke Size	
	Oil-Bbls.	Water-Bbls.		Gas-MCF	
Actual Prod. During Test					,
GAS WELL	·	T			
Actual Prod. Tost-MCF/D	Length of Test	Bbis. Condensate/MMC	r.	Gravity of Condensate	
633 Teeling Method (pitol, back pr.)	Tubing Presewe (Shut-in)	Cosing Pressure (Ebyl	(at-1	Choin Size	
4 Pt. Back Pressure	820	820		Various	:
CERTIFICATE OF COMPLIA	NCE	DIL C	ONSERVATI	ON DIVISION	
		ADDONES		_	_
	d regulations of the Oll Conservation	APPROVED			
Division have been complete to t	he best of my knowledge and belief.	.BY	 		 ;
•		TITLE	-		
		This form is to	o to filed in co	mpliance with nul	1304.
Muckey C	Trewer	If this is a req	quest for allows	ble for a newly drilled	or despensed
15in	(notwe)	well, this form mus	it be accompani	ed by a tabulation of ance with muck 111.	the deviation
Production Anaylst	T:.1. 3	All sections of	f this form must	te filled out complete	ly for allow
December 26, 1984	Title)	able on new and re	•	le. III. end VI for change	, al a
	Dote)	well name or numbe	er, or transporter	, or other such change	of condition
•		Separate Form	is C-104 niust	he filed for each pon	I in multiply

INGY AIN MINITIALS DEPARTMENT

TRSY AND MINERALS DEPARTMENT	OIL CONSERV	ATION DIVISI	DN -	Aevised 10-1-78
- tistaieution	P. O. UO		RECE	IVED BY
PAMIA FE	SANTA FE, NEV	V MEXICO 87501	DEC 9	7 1984
V 6.0.0.			טבט ג	7 1984
LAMD OFFICE		R ALLOWABLE		C. D.
10 AMIFURTER DAS	A SANT OT NOITAZION TO TRANSI	ND PORT OIL AND NATI	IRAL GAS	, OFFICE
PARATION OFFICE			JAAL 0A3	
Operator	•	.•		
McKay Oil Corporation				
P. O. Box 2014, Roswe				
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Pleas	e explainj	• \
New Well Recompletion	OII Dry Co	. 🗆		
Change in Ownership	Casingheod Gas Conder	nsate		\mathcal{F}'
If change of ownership give name				
and address of previous owner				:
I. DESCRIPTION OF WELL AND	LEASE			· · · · · · · · · · · · · · · · · · ·
McKay Harvey Federal	#3 S. Pecos Slope	A	Kind of Leas	Lease
Location	"3 Streets Brope			Federal NM-198
Unit Letter N : 660	Feet From The South Lin	e and 1980	Feet From '	The West
Onn Ethio	0.0	25E , NMPA		
Line of Section 17 T	enship 9S Ronge 2	25E , NMPA	. Chaves	Coun
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S		
None of Authorized Transporter of Cil	cr Condejisale	Address (Give address	to which approv	ved copy of this form is to be sent)
Hanse of Authorized Transporter of Co.	singhead Gas Or Dry Gas S	Address (Give address	to which approx	red copy of this form is to be sent)
Transwestern Pipeline	Company	P. O. Box 252	21, Housto	n, TX 77001
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connect No	ed? ; Whe	· }
give location of tanks.	th that from any other lease or pool,		r number:	ASAP
If this production is commingled with V. COMPLETION DATA	Oil Well Gas Well	New Well Workover		
Designate Type of Completic		i X i	Deepen	Plug Back Some Res'v. Diff. Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth .		P.B.T.D.
9–26–84	12-13-84	4310');	3610'
Elevations (DF, RKB, RT, GR, etc.) 3548 GR	Name of Producing Formation Abo	Top Oil/Gas Pay		Tubing Death
Perforations	ADO	1		3577 Depth Casing Shoe
3580 - 3589 Abo	TURNIC CASING AND	CENENTING BECOM		
5 517 5	TUBING, CASING, AND	DEPTH S		SACKS CEMENT
12 1/4"	8 5/8"	800'		50sx ± 150sx ± 63sx
7 7/8"	4 1/2"	40221		300sx ± 300sx, Circ
	1 23/8	3577		15sx
". TEST DATA AND REQUEST F		fer recovery of socal valu	me of load oil a	nd must be equal to or exceed top allo
OH WELL	able for this de	pih or be for full 24 hours Producing Method (Flou	·)	
Date First New Oil Run To Tonks	Duly 67 1921	, , , , , , , , , , , , , , , , , , , ,	, pamp, gas anjo	·.
Length of Test	Tubing Pressure	Cosing Pressure	•	Chole Size
	Oil-Bbls.	Water-Bbls.		Gas-MCF
Actual Prod. During Test				•
GAS WELL Actual Prod. Test-MCF/D	Longth of Test	Bbls. Condensate/MMCI	F	Gravity of Condensate
633	4 hrs.		·	
Testing Method (pitot, back pr.)	Tubing Piesewe (Ehnt-in)	Coming Pressure (Ebyt-	-ie)	Choke Size
4 Pt. Back Pressure		820 DII CI	ONSERVATI	— Various ON DIVISION
T. CERTIFICATE OF COMPLIAN				
I hereby certify that the rules and	regulations of the Oll Conservation	11		, 19
Division have been complete with above is true and complete to it	he best of my knowledge and belief.	.BY		
•		11		
	· · ·	This form is to	to filed in co	mpliance with nULE 1104.
Muckey Ci	Sewer	If this is a sequ	set for allows	blo for a newly drilled or deepened ed by a tabulation of the deviation
(Si)	noswe)			on by a rebuilation of the deviation
Production Anaylst	Title)	All sections of able on new and sec		he filled out completely for allow-
December 26, 1984		Fill out only !	ections 1, 11,	III, and VI for changes of owner,
	Dotej	T1		, or other such clience of condition, be filed for each pool in multiply
•		completed wells.		frank but morethil