

OIL CONSERVATION DIVISION

Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY

DEC 27 1984

O. C. D.

OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	McKay Oil Corporation
Address	P. O. Box 2014, Roswell, NM 88202-2014
Reason(s) for filing (Check proper box)	Other (If <i>Hold for notice of consent</i>)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE

Lease Name McKay Harvey Federal	Well No. #3	Pool Name, Including Formation S. Pecos Slope <i>Abo</i>	Kind of Lease State, Federal or Fee Federal	Lease No. NM-19829
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>9S</u> Range <u>25E</u> , NMPM, Chaves County				

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 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>When</u> No <u>ASAP</u>

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. Res'v.
		X	X					
Date Spudded 9-26-84	Date Compl. Ready to Prod. 12-13-84	Total Depth 4310'	P.B.T.D. 3610'					
Elevations (DF, RKB, RT, CR, etc.) 3548' GR	Name of Producing Formation Abo	Top Oil/Gas Pay 3580'	Tubing Depth 3577'					
Perforations 3580 - 3589' Abo			Depth Casing Shoe					

TUBING, CASING, AND 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"	4022'	300sx + 300sx, Circ
	<i>2 7/8</i>	<i>3577</i>	15sx

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 633	Length of Test 4 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) 4 Pt. Back Pressure	Tubing Pressure (Shot-in) 820	Casing Pressure (Shot-in) 820	Choke Size Various

1. 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.

McKay Brewer
(Signature)

Production Analyst

(Title)

December 26, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY _____

TITLE _____

This form is to be filled 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 Forms C-104 must be filled for each pool in multiply completed wells.

OIL CONSERVATION DIVISION

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SANTA FE, NEW MEXICO 87501

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O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF SURVEY OFFENSE	
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U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
McKay Oil Corporation

Address
P. O. Box 2014, Roswell, NM 88202-2014

Reason(s) for filing (Check proper box)

New Well	<input checked="" 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)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name McKay Harvey Federal	Well No. #3	Pool Name, Including Formation S. Pecos Slope Abo	Kind of Lease State, Federal or Fee Federal	Lease No. NM-19829
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>9S</u> Range <u>25E</u> , NMPM, Chaves County				

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 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	No 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 Res't.	Diff. Res't.
		X	X					
Date Spudded 9-26-84	Date Compl. Ready to Prod. 12-13-84	Total Depth 4310'	P.B.T.D. 3610'					
Elevations (DF, RKB, RT, CR, etc.) 3548' GR	Name of Producing Formation Abo	Top Oil/Gas Pay 3580'	Tubing Depth 3577'					
Perforations 3580 - 3589' Abo			Depth Casing Shoe					

TUBING, CASING, AND 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"	4022'	300sx ± 300sx, Circ
	2 3/8	3577	15sx

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 633	Length of Test 4 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) 4 Pt. Back Pressure	Tubing Pressure (shot-in) 820	Casing Pressure (shot-in) 820	Choke Size Various

1. 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.

Production Analyst

December 26, 1984

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

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PADATION OFFICE	

Operator
McKay Oil CorporationAddress
P. O. Box 2014, Roswell, NM 88202-2014

Reason(s) for filing (Check proper box)

New Well	<input checked="" 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)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name McKay Harvey Federal	Well No. #3	Pool Name, including Formation S. Pecos Slope Abo	Kind of Lease State, Federal or Fee Federal	Lease No. NM-19829
------------------------------------	----------------	--	---	-----------------------

Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line of Section 17 Township 9S Range 25E NMPM, Chaves County

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 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	No 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	Some Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9-26-84	Date Compl. Ready to Prod. 12-13-84	Total Depth 4310'	P.B.T.D. 3610'					
Elevations (DF, RKB, RT, CR, etc.) 3548' GR	Name of Producing Formation Abo	Top Oil/Gas Pay 3580'	Tubing Depth 3577'					
Perforations 3580 - 3589' Abo			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 633	Length of Test 4 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) 4 Pt. Back Pressure	Tubing Pressure (Shot-in) 820	Casing Pressure (Shot-in) 820	Choke Size Various

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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.

OIL CONSERVATION DIVISION

APPROVED _____, 19

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TITLE _____

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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.

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

Production Analyst

December 26, 1984

(Title)

(Date)

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ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator McKay Oil Corporation	
Address P. O. Box 2014, Roswell, NM 88202-2014	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name McKay Harvey Federal	Well No. #3	Pool Name, Including Formation S. Pecos Slope Abo	Kind of Lease State, Federal or Fee Federal	Lease No. NM-19829
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>9S</u> Range <u>25E</u> , NMPM, Chaves County				

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 2521, Houston, TX 77001				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
					No 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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9-26-84	Date Compl. Ready to Prod. 12-13-84		Total Depth 4310'		P.B.T.D. 3610'			
Elevations (DF, RKB, RT, GR, etc.) 3548' GR	Name of Producing Formation Abo		Top Oil/Gas Pay 3580'		Tubing Depth 3577'			
Perforations 3580 - 3589' Abo					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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Division have been complied with and that the information given
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Production Analyst

December 26, 1984

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY _____

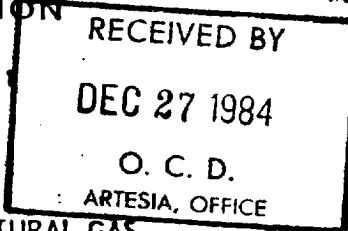
TITLE _____

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SANTA FE, NEW MEXICO 87501



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TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

Operator
McKay Oil Corporation

Address
P. O. Box 2014, Roswell, NM 88202-2014

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
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Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name McKay Harvey Federal	Well No. #3	Pool Name, including Formation S. Pecos Slope Abo	Kind of Lease State, Federal or Fee Federal	Lease No. NM-1982
Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line of Section 17 Township 9S Range 25E, NMPM, Chaves County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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V. COMPLETION DATA

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Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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Actual Prod. Test-MCF/D 633	Length of Test 4 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
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Mickey Brewer
(Signature)
Production Analyst
(Title)
December 26, 1984
(Date)

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APPROVED _____, 19____
BY _____
TITLE _____

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