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DISTRICT	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NATURAL GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	
Operator	

**OIL CONSERVATION DIVISION**  
P. O. BOX 2008  
SANTA FE, NEW MEXICO 87501  
**RECEIVED BY**  
**JUN 16 1986**  
**O. C. D. REQUEST FOR ALLOWABLE AND ARTESIA OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

McKAY OIL CORPORATION

Address  
P. O. Box 2014, Roswell, NM 88201

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Operator, effective 4-1-86
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
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: Transwestern Gas Supply Co., 2801 N. Main, Roswell, NM 88201

DESCRIPTION OF WELL AND LEASE

Lease Name Pronghorn Federal	Well No. 1	Pool Name, including Formation West Pecos Slope Abo	Kind of Lease Federal	Lease State, Federal or Fee NM-32335
Location Unit Letter <u>A</u> : 990 Feet From The <u>North</u> Line and 660 Feet From The <u>East</u> Line of Section <u>30</u> Township <u>4-S</u> Range <u>22-E</u> , NMPM, Chaves				

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 1188, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>30</u> Twp. <u>4-S</u> Rge. <u>22-E</u>	yes 2-11-85

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. Re
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			6-20-86
			Chg. Op.

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 oil able 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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Theresa Rodriguez  
(Signature)

Production Analyst  
(Title)

6-13-86

OIL CONSERVATION DIVISION

JUN 17 1986

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_ Original Signed By  
Les A. Clements  
TITLE \_\_\_\_\_ Supervisor District II

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat. tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of ownership, lease number, or transporter, or other such change of condition.

