

OIL CONSERVATION DIVISION

P. O. BOX 2088

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FEB 23 1987

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO
TRANSPORT OIL AND NATURAL GAS

TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
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U.S.O.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

McKay Oil Corporation

Address Post Office Box 2014, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Federal	Lease No.
Four Mile Draw Federal	2	West Pecos Slope Abo	State, Federal or Fee	NM-36193	

Location Unit Letter P : 1650 Feet From The East Line and 660' Feet From The South

Line of Section 15 Township 6S Range 22E, NMPL, Chaves Coun

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)
NM Gas Marketing, Inc. Post Office Box 2014, Roswell, New Mexico 88201

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	36	6S	22E	Yes	2-12-87

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 Rest.	Diff. Re.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-30-86	1-9-87	3400'	3276'					
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4280' GL	Abo	2417	2780'					
Perforations	Depth Casing Shoe							
3118, 19.5, 21, 22.5, 24, 25.5; 2417.0, 18.5, 20.0, 21.5; 2847.5, 49.0, 50.0, 2931.5 ± 3.0								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	909'	300 SXS.
7 7/8"	4 1/2"	3350'	300 SXS., top of 4 1/2"
	2 3/8"	2780'	cmt w/250 SXS.

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.)	
		2-27-87 Comp + RK	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	4 hrs.		
3296			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
4 pt back pr.	926	924	16/64

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)

February 18, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 26 1987, 19

Original Signed By
BY Mike Williams

TITLE Oil & Gas Inspector

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 deviate 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 owner, well name or number, or transporter, or other such change of condition. A separate form must be filed for each pool in multiple.