| STATE OF NEW MEXICO | | TION DIVISION | Form C-104 Revised 10-1-78 |
|--|---|--|--|
| (1111 A 1A 12) 10A | RECEIVESTARTA FL. NEW | x 2088 V MEXICO 87501 | |
| | ME GEN BANNA TEL | | |
| U 1.U.8, Lawts (17 7 16 8 | FEB 23 1987 | RALLOWABLE | |
| OIL OIL | | | |
| 045 UFEHAT-DA | AHELOR CATEON TO TRANSP | PORT OIL AND NATURAL GAS | |
| PAGRATION OFFICE | | | |
| McKay Oil Corporati | Lon 🗸 | | |
| Address | · · · · · · · · · · · · · · · · · · · | 20101 | |
| Reason(s) for filing (Check proper box) | | 01her (Please esplain) | |
| New Well | Change in Transporter of: | | |
| Recompletion | | ㅋ | |
| Change in Ownership | Casingheod Gas Conden | | |
| If change of ownership give name | , | | |
| and address of previous owner | | | |
| DESCRIPTION OF WELL AND I | Well No. Pool Name, Including Fo | promation Kind of Leas | • Federal Locov ! |
| Four Mile Draw Federal | | Sucha Ender | al or F NM-36193 |
| | | | I I I |
| Unit Letter M : 660 | | | The |
| Line of Section 14 T. | mship 6S Range 2 | 22E , NMPM, Chaves | 5 Coun |
| DESIGNATION OF TRANSPORT | CER OF OIL AND NATURAL GA | S Address (Give address to which appro | oved copy of this form is to be sentj |
| | | Address (Give oddress to which appro | nued copy of this form is to be sent) |
| Hane of Authorized Transporter of Cas | | Post Office Box 2014, I | |
| NM Gas Marketing, Inc. | Unit Sec. Twp. Rge. | | len |
| If well produces oil or liquids, give location of tanks. | G 36 6S 22E | Yes | 1-22-87 |
| If this production is commingled wit | h that from any other lease or pool, | give commingling order number: | |
| COMPLETION DATA | Oll Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Dill. Re- |
| Designate Type of Completic | | X | P.B.T.D. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth 3400 ⁺ | 3286' |
| 10-17-86 | 1-9-87 Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| Elevations (DF, RKB, RT, CR, etc.) 4248 GL | Abo | 2819.5 | 2773' |
| Fertorations 2819.5, 21, 22. | .5, 24, 25.5, 27, 28.5, 28 | 844, 45.5, 47, 2902, 03. | Depth Casing Shoe |
| 05, 06.5, 08, 09.5, 2923. | 5, 25, 26.5, 28, 29.5, 3 TUBING, CASING, AND | 1, 32, 5, 34, 2952, 53.5, | -55, 56.5, 58 |
| HOLESIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 124 | 8 5/8" | 906 | 300 sxs. 300 sxs, top of 4½" |
| 7 7/8" | 412" | 3342' | cmt w/250 sxs. |
| | 2 3/8" | 2773 | |
| TEST DATA AND REQUEST F | | fer recovery of total volume of load oil | and must be equal to or exceed top ali |
| OIL WELL | able for this de | pth or be for full 24 hours) Producing Method (Flow, pump, gas 1 | n 11-2 |
| Date First New Oil Run To Tanks | Date of Test | Fieldering Manage (* | compt + BK |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | | Water-Bbla. | Gas - MCF |
| Actual Prod. During Test | Oll-Bble. | | |
| | | 1 | |
| GAS WELL | | | Gravity of Condensate |
| Actual Frod. Test-MCF/D | Length of Test | Bbls. Condensule/MMCF | |
| 3778 Sealling Mathod (pilot, back pr.) | 4 hrs. Tubing Presews (Shut-in) | Cosing Pressure (Shut-in) | Chote Size |
| 4 pt. back pr. | 841 | 837 | 14/64 |
| CERTIFICATE OF COMPLIAN | CE | OIL CONSERVA | |
| | | APPROVEDFEB 2 6 198719 | |
| I hereby certify that the rules and regulations of the Olt Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | Original Signed By | |
| | | · BY · Mike Williams | |
| | | TITLE Oil & Gas Inspectar | |
| | | This form is to be filed in compliance with RULE 1104. | |
| Theresa Rodrigues | | If this is a request for allowable for a newly drilled or deepen | |
| Theresa Rodriguez (Signature) () | | li talan taban on the well in accordince with the a state | |
| Production Analyst | | All sections of this form must be filled out completely for allo able on new and recompleted wells. | |
| February 18, 198 | | | II. III. and VI for changes of own- ter, or other such change of conditi- |
| (Date) | | I wall watte of Builder, or trainer. | at he filed for each pool in multi- |

well name or number, or transporter, or other such change of conditions well name or number, or transporter, or other such change of conditions well name or transporter, or other such change of conditions well name of the such change of the