STATE OF NEW MEXICO
[ENER]GY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-7[8]

OIL CONSERVATION DIVIS[ION]

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
MAY 14 1986
O. C. D.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER — OIL		
TRANSPORTER — GAS	✓	
OPERATOR	✓	
PRORATION OFFICE		

Operator: McKay Oil Corporation

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

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [X] 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 State, Federal or Fee	Lease No.
Remmele Federal	2	West Pecos Slope Abo	Federal	NM-36195

Location
Unit Letter 0 : 735 Feet From The South Line and 2310 Feet From The East
Line of Section 25 Township 6-South Range 22-East , NMPM, Chaves

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 se[nt])

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: New Mexico Gas Marketing, Inc.
Address (Give address to which approved copy of this form is to be se[nt]): P.O. Box 2014 Roswell, N.M. 88201

If well produces oil or liquids, give location of tanks. Unit | Sec. | Twp. | Rge.
Is gas actually connected? yes When 5-6-86

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.	Di[ff. Res'v.]
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-22-86	4-22-86	3430'	3199'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4178' GL	Abo	2882'	2844'

Perforations: 2882,84,86,88,90,92&94; 2964,66,68,70,72,72,76; 3002,03; 3165.5, 3167.5, 3169.5, 3171.5
Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	916'	150 sx. + 150 sx.
7 7/8"	4 1/2"	3343'	300 sx., top of 4[1/2"]
			cemented w/300 sx
	2 3/8	2844	

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed [top allow]able for this depth or be for full 24 hours)

Post ID-2
12-12-86
~~Ntp & Bk~~ Compl
GT: EPN

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
4183.5	4 hrs.		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
4pt. back pressure test	925#	935#	64/64

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.

Sharon R. Hamilton
(Signature)

Agent
(Title)

May 12, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 24 1986, 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 de[epened] well, this form must be accompanied by a tabulation of the de[viation] tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for [allow]able 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 co[ndition].