

P. O. BOX 2088

RECEIVED BY

**MAY 23 1986**

O.C.D.  
AUTHORIZATION  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
ON TO TRANSPORT OIL AND NATURAL GAS

~~Confidential~~

McKAY OIL CORPORATION

P. O. Box 2014, Roswell, NM 88201

Reason(s) for filing (Check proper box)

Flow Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Completion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

Other (Please explain)

change of ownership give name  
address of previous owner \_\_\_\_\_

### DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Federal	Lease
Remmele Federal	3	West Pecos Slope Abo	State, Federal or Fee	NM-36195	

Unit Letter A ; 990 Feet From The East Line and 860 Feet From The North Line of Section 25 Township 6-S Range 22-E , NMPM, Chaves Co

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>						
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)	
New Mexico Gas Marketing, Inc.					P. O. Box 2014, Roswell, NM 88201	
well produces oil or liquids, no location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? yes	When 5-21-86

his production is commingled with that from any other lease or pool, give commingling order number:

## COMPLETION DATA

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff.
Designate Type of Completion - (X)			X	X					
Date Spudded 3-31-86	Date Compl. Ready to Prod. 5-12-86	Total Depth 3350'					P.B.T.D. 3207'		
Locations (DF, RAB, RT, CR, etc.) 4127' GL	Name of Producing Formation Abo	Top Oil/Gas Pay 2823'					Tubing Depth 2768'		
Perforations 2823', 2824.5', 2827.5', 2829', 2831', 2832.5', 2834', 2941', 2942.5', 2944', 3094', 3095.5', 3097'							Depth Casing Shoe		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	893'	300 sx.
7 7/7"	4 1/2"	3265'	300 sx., top of 4 1/2" w/240 sx.
	2 3/8"	2968'	

TEST DATA AND REQUEST FOR ALLOWABLE  
WELL

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

Well Name	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
First New Oil Run To Tanks			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

Actual Prod. Test-MCF/D 3,563	Length of Test 4 hrs.	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (prior, back pr.) 4 pt. back pressure	Tubing Pressure (shut-in) 885#	Casing Pressure (shut-in) 873#	Choke Size 64/64

**CERTIFICATE OF COMPLIANCE**

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 B. Hamilton  
(Signature)

Agent

May 22, 1986

OIL CONSERVATION DIVISION

MAY 23 1986

APPROVED MAY 23 1960, 1960

BY \_\_\_\_\_ Original Signed By \_\_\_\_\_  
 \_\_\_\_\_ Les A. Clements

TITLE Supervisor District II

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a ship on new and recompleted walls.

Fill out only Sections I, II, III, and VI for changes of  
number, or transporter, or other such change of cond

Separate Form C-104 must be filed for each pool in multiple well.

