

OIL CONSERVATION DIVISION	
RECEIVED BY	P. O. BOX 2008
JUN 13 1986	SANTA FE, NEW MEXICO 87501
O. C. D.	REQUEST FOR ALLOWABLE
ARTESIA OFFICE	AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	

Amended Report

McKay Oil Corporation ✓

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

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Corrected report filed to show the
Recompletion	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	correct location of tanks for liquids
Change in Ownership	<input type="checkbox"/>	Condensate	<input type="checkbox"/>	produced.

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	Lease No.
Remmele Federal	3	West Pecos Slope Abo	Federal	
			State, Federal or F	NM-36195

Location

Unit Letter A : 990 Feet From The East Line and 860 Feet From The North

Line of Section 25 Township 6-South Range 22-East, NMPM, Chaves Coun

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)
New Mexico Gas Marketing, Inc.	P.O. Box 2014 Roswell, N.M. 88201
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit G Sec. 36 Twp. 6-S. Rge. 22-E	yes 5-21-86

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.	Diff. Re.
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.		
Elevations (DF, RAB, 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
			12-12-86
			chg GT: EPN

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 all 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

GAS WELL

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.

Agent: Shane Hamilton (Signature)

(Title)

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 deepen well, this form must be accompanied by a tabulation of the deviated 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.