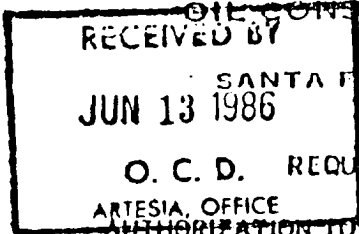


CO. OF APPROVED SIGNATURES	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	
USUB.	
LAND OFFICE	
TRANSPORTER	
OIL GAS	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	
Operator	



OIL CONSERVATION DIVISION

P. O. BOX 2008

SANTA FE, NEW MEXICO 87501

AMENDED REPORT

McKay Oil Corporation

Address

P. O. Box 2014, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Oil ☐
Casinghead Gas ☐

Condensate ☐

Other (Please explain)

Corrected report filed to show the correct location of tanks for liquids produced.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name China Draw Federal	Well No. 3	Pool Name, including Formation West Pecos Slope Abo	Kind of Lease Federal	Lease No. NM-32325-B
Location Unit Letter <u>J</u> : <u>2310</u> Feet From The <u>East</u> Line and <u>2310</u> Feet From The <u>South</u> Line of Section <u>31</u> Township <u>6-South</u> Range <u>23-East</u> , NMPM, <u>Chaves</u> County				

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.	Unit G	Sec. 36	Twp. 6-S	Rge. 22-E	Is gas actually connected? yes	When 5-5-86

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 Hst/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 FD-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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

Shari Hamilton
(Signature)

Agent

(Title)

OIL CONSERVATION DIVISION

JUN 17 1986

APPROVED _____

Original Signed By
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 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.

must use only Sections I, II, III, and VI for changes of owner