

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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PRODUCTION OFFICE	
Operator	

RECEIVED BY
JUN 16 1986

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

McKay Oil Corporation

Address
Post Office Box 2014, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Remmele Fed.	Well No. 6	Pool Name, including Formation West Pecos Slope Abo	Kind of Lease Federal State, Federal or Fee NM-36195	Lease No.
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Location
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West
Line of Section 25 Township 6-South Range 22-East , NMPM, Chaves 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)
El Paso Natural Gas	Post Office Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
G 36 6-S 22-E	yes 6-4-86

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-
		X	X					
Date Spudded 3-31-86	Date Compl. Ready to Prod. 5-28-86	Total Depth 3382'	P.B.T.D. 3230'					
Elevations (DF, RAB, RT, GR, etc.) 4174' GR	Name of Producing Formation Abo	Top Oil/Gas Pay 2859'	Tubing Depth 2806'					
Perforations 2859.5', 61, 63, 67, 2906, 2979, 81, 83, 85, 87, 89			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	884'	150 sx. & 150 sx.
7 7/8"	4 1/2"	3292'	300 sx., top of 4 1/2"
			cemented w/300 sx.
	2 3/8"	2806'	

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 allowable 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

Post ID-2
6-27-86
comp & BK

GAS WELL

Actual Prod. Test-MCF/D 4028	Length of Test 4 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) 4 pt. back pressure	Tubing Pressure (Shut-in) 907	Casing Pressure (Shut-in) 904	Choke Size 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.

Theresa Rodriguez
(Signature)

Production Analyst
(Title)

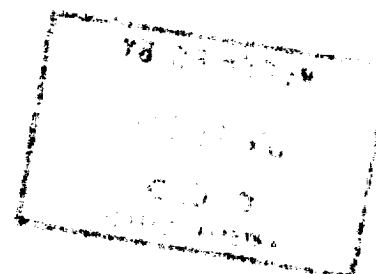
June 13, 1986
(Date)

OIL CONSERVATION DIVISION

JUN 24 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 deepened 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.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multiple



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