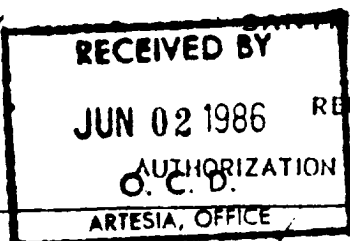


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TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	



P. O. BOX 2008

FE, NEW MEXICO 87501

McKay Oil Corporation

Address

P. O. Box 2014, Roswell, NM 88201

Reason(s) for filing (Check proper box)

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

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			
China Draw Fed. Comm	5	West Pecos Slope Abo	State, Federal or Fee	NM-32325-B			
Location	Unit Letter	E	741	Feet From The West	Line and	1755	Feet From The North
Line of Section	30	T. township	6-South	Range	23-East	, NMPM,	Chaves

## 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, NM 88201			
El Paso Natural Gas Co.				1492 El Paso, TX 79978			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	ASAP

If this production is commingled with that from any other lease or pool, give commingling order number: not available

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Dill
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3-31-86	5-22-86	3350'	3078'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4074' GL	Abo	2815'	2782'					
Perforations			Depth Casing Shoe					
2815, 17, 19, 21, 23, 25, 27, 29, 31, 2939, 41, 43								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	872'	150 + 150
7 7/8"	4 1/2"	3122'	300 sx., top of
			4 1/2" cmt. w/250
	2 3/8	2782	

## 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 the 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
1405	4 hrs.		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
4 pt. back pr.	755#	755#	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.

Shari Hamilton

(Signature)

Agent

(Title)

May 28, 1986

(Date)

## OIL CONSERVATION DIVISION

JUN 24 1986

APPROVED \_\_\_\_\_, 19\_\_

Original Signed By  
BY Les A. Clements

TITLE Supervisor District II

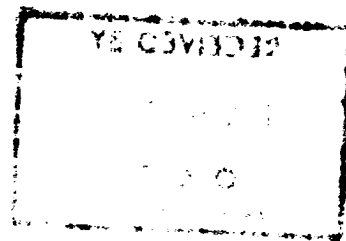
This form is to be filed in compliance with RULE 1104.

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

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

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of completion.

Separate forms C-104 must be filed for each pool in recompleted wells.



0244107-10-10  
10/10/10  
10/10/10