STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

No. of Copies Received	
Distribution	
Santa Fe	✓
File	
U.S.G.S.	
Land Office	
Transporter Oil	
Transporter Gas	✓
Operator	✓
Production Office	

RECEIVED BY
JUN 02 1986
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
McKay Oil Corporation ✓

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

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Casinghead Gas [ ] Condensate [ ]
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.
China Draw Fed. Comm	5	West Pecos Slope Abo	State, Federal or Fee: Federal NM-32325	B

Location
Unit Letter E : 741 Feet From The West Line and 1755 Feet From The North
Line of Section 30 Township 6-South Range 23-East, NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]
Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]
New Mexico Gas Marketing Inc.
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 2014 Roswell, N.M. 88201

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge.
Is gas actually connected? No Yes
When ASAP 6/2/86

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'v.	Diff. Res'v.
		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 4½" cmt. w/25
	2 3/8	2782	

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

Post ID-3
12-12-86
chg PT: EPN

OIL WELL

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 (pitot, 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 Shamilton
(Signature)

Agent
(Title)

OIL CONSERVATION DIVISION

APPROVED JUN 24 1986, 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 deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, or other such change of condition.