

## OIL CONSERVATION DIVISION

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CARD OFFICE	
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OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	
Operator	

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SANTA FE, NEW MEXICO 87501

NOV 21 1986

O. C. D. REQUEST FOR ALLOWABLE  
AND  
ARTESIA OFFICE  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

McKay Oil Corporation

Address

Post Office Box 2014, Roswell, New Mexico 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 No.
Remmele Federal Comm.	8	W. Pecos Slope Abo	Federal State, Federal or Fee NM-36195	
Location				
Unit Letter	H	1905 Feet From The North Line and 585 Feet From The East		
Line of Section	24	Township 6S	Range 22E	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, N.M. 88201
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	G 36 6S 22E Yes 11-13-86

If this production is commingled with that from any other lease or pool, give commingling order number: Applied for

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-23-86	10-26-86	3256'	3102'					
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4050' GL	Abo	2790	2772'					
Perforations			Depth Casing Shoe					
2886.5, 2887.25, 2888.75, 2889.5, 2890.25, 2891.75, 2892.5, 2893.25, 2894, 2790.5, 92, 93.5, 95, 2802.5, 04, 05.5, 07, 08.5, 10, 11.5								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	884'	150 sxs.
7 7/8"	4 1/2"	3154'	300 sxs., top o 4 1/2"
			cmt. w/280 sxs.
	2 3/8"	2772'	

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.)	11-28-86
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
1660	4 hrs.		
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
4 pt. back pressure	895	895	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

Production Analyst  
(Title)November 20, 1986  
(Date)

## OIL CONSERVATION DIVISION

DEC 15 1986

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

BY \_\_\_\_\_  
Original Signed By  
Superintendent

TITLE \_\_\_\_\_

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 deviated  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all  
able 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.  
Form C-104 must be filed for each pool in multiple