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

"Confidential"

RECEIVED BY
DEC -5 1986
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator
McKay Oil Corporation

Address
Post Office Box 2014, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

				Other (Please explain)
New Well	X	Change in Transporter of:		
Recompletion		Oil	Dry Gas	
Change in Ownership		Casinghead Gas	Condensate	

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.
South Four Mile Draw Fed.	3	West Pecos Slope Abo	State, Federal or Fee Federal NM-36194	

Location
Unit Letter C : 1166 Feet From The North Line and 1413 Feet From The West

Line of Section 24 Township 6S Range 22E, 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
~~El Paso Natural Gas Company~~ Transwestern Pipeline Inc.

Address (Give address to which approved copy of this form is to be sent)
~~Post Office Box 1492, El Paso, TX 79978~~ 304 Roswell, N.M. 88202

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	36	6S	22E	Yes	11-22-86

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. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-26-86	11-9-86	3349'	3286'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4118' GL	Abo	2763.5	2735'

Perforations 2891.5, 93.0, 94.5, 96.0, 97.5, 99, 2900.5, 02.0, 03.5, 2906.5, 08.0, 09.5, 2763.5, 65.0, 66.5, 68.0, 69.5, 71.0, 72.5, 2808.5, 10.0, 11.5, 13.0, 14.5, 2818.5, 20.0, 21.5, 23.0

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	8 5/8"	897'	500 sxs.
7 7/8"	4½"	3336'	300 sxs., top of 4½ cmt. w/300 sxs.
	2 3/8"	2735'	

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-2
1-2-87
compl DK

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
1.0743	4 hrs.		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
4 pt. back pr.	885#	885#	64/64

I. 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)

December 5, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 30 1987, 19

BY Original Signed By
Mike Williams

TITLE Oil & Gas Inspector

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 operator, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply