

OIL CONSERVATION DIVISION

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LAND OFFICE	
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O. C. D. REQUEST FOR ALLOWABLE
AND
TRANSPORT OIL AND NATURAL GAS

P.O. BOX 2088
SANTA FE, NEW MEXICO 87501
REQUEST FOR ALLOWABLE
AND
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 Fee
Royale Fee	1	West Pecos Slope Abo	State, Federal or Fee	Fee
Location				
Unit Letter	E	660 Feet From The	West Line and	1980 Feet From The
Line of Section	19	Township	6S	Range
			23E	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)
El Paso Natural Gas	or Dry Gas	Post Office Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	G	36
		Twp.
		6S
		Rge.
		22E
		Is gas actually connected?
		yes
		When
		11-13-86

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'
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-15-86	10-24-86	3305'	3030'					
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4012' GL	Abo	2762	2712'					
Perforations	Depth Casing Shoe							
2762, 63.5, 65, 66, 2793, 94.5, 95.25, 96, 97.5, 99, 2877, 78.5, 79.25, 80, 81.5								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	906'	300 sxs.
7 7/8"	4 1/2"	3102'	300 sxs, top of 4 1/2"
			cmt. w/250 sxs.
	2 3/8"	2712'	

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.)	Post ID-2 11-28-86 comp & BK
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
623	4 hrs.		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
4 pt. back pressure	935	934	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)

November 20, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 19 1986, 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 deepen
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 own
well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multi-

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