

## OIL CONSERVATION DIVISION

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ARTESIA OFFICE

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

McKay Oil Corporation

Address

P.O. Box 2014, Roswell, New Mexico 88202

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Dry Gas ☐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
Royale Federal Comm	1	W. Pecos Slope-Abo	State, Federal or Fee Federal	NM-3235
Location				
Unit Letter	L	680 Feet From The West	Line and 1950	Feet From The South
Line of Section	19	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 88202	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	L	19
	6S	23E
	Is gas actually connected? When	
	Yes 6/23/87	

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. R.
		X	X				X	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
1/1/87	6/7/87		3375'		3288'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4025' GR	Abo		2744'		2689'			
Perforations	2785-2786.5 (2)		2887.5-2892.0 (4)		Depth Casing Shoe			
2744-2751.5 (6)	2854-2866.0 (9)		3125.0-3134.0 (7)		3359'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	889'	580 SX
7 7/8"	4 1/2"	3359'	575 SX
4 1/2"	2 3/8"	2689'	

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  
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.)	
		7-18-87	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			comp 4 BX
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
1018 (CAOF)	24 hours	--	--
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pr.	754 psi	756 psi	--

## 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

6/24/87  
(Date)

## OIL CONSERVATION DIVISION

APPROVED JUL 10 1987  
BY Original Signed By  
Les A. Clements  
TITLE Supervisor District IIThis 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 device  
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  
well name or number, or transporter, or other such change of condi-  
tion. Form C-104 must be filed for each pool in multi-