

AS OF DATE RECEIVED	RECEIVED BY DEC 10 1986 O. C. D. REQUEST FOR ALLOWABLE ARTESIA OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	OIL CONSERVATION DIVISION	
DISTRIBUTION		P. O. BOX 2088	
SALES		SANTA FE, NEW MEXICO 87501	
FILE		AMENDED	
U.S.O.E.		"CONFIDENTIAL"	
LAND OFFICE			
TRANSPORTER	OIL		
OPERATION	DAS		
REGISTRATION OFFICE			
Operator			

McKay Oil Corporation

Address
P.O. Box 2014, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Existing Well ☐ Casinghead Gas ☐ Condensate ☐
Change in ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Well Name, Including Formation	Kind of Lease	Lease
South Four Mile Draw Fed.	5	West Pecos Slope Abo	Federal	
State, Federal or Fee NM-36194				

Location

Unit Letter G 1980' Feet From The North Line and 1680 Feet From The East

Line of Section 23 Township 6S Range 22E NMPM, Chaves Co.

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 ☒ Address (Give address to which approved copy of this form is to be sent)

El Paso Natural Gas Company P.O. Box 1497, El Paso, Texas 79978

Is gas actually connected? Yes When 11-14-86

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'ty.	Diff. F
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-20-86	11-7-86	3350'	3266'

Elevations (DF, RAB, RI, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4178'	Abo	2819'	2785'

Perforations 2944.0, 45.5, 47.0, 48.5, 50.0, 2953.5, 55.0 2819.0, 20.5, 22.0, 23.5, 25.0, 26.5, 2843.5, 45.0, 46.5, 2857.5, 59.0, 60.5, 62.0, 2865

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	903'	300 sxs.
7 7/8"	4 1/2"	3339'	300 sxs., top of 4'
	2 3/8"	2785'	cmt. w/300 sxs.

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 of well 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.)	
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
602	4 hrs		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
4 pt. back pr.	890#	890#	64/64

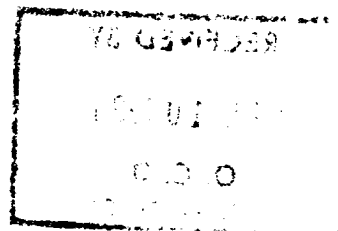
CERTIFICATE OF COMPLIANCE

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.

Ilse Rodriguez (Signature)
Production Analyst
(Title)
December 5, 1986
(Date)

OIL CONSERVATION DIVISION
DEC 15 1986
APPROVED _____, 19____
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 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 wells 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 conditions.



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