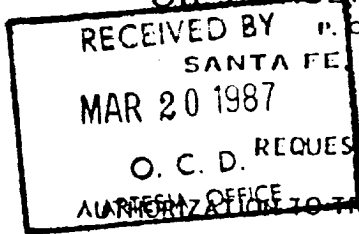


OIL CONSERVATION DIVISION



COPIES OF THIS FORM	
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FILE	
U.S.O.	
CARD OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION 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 <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	
Change In Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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	Federal	Lease No.
Four Mile Draw Federal	6	West Pecos Slope Abo	State, Federal or Fee	NM-36193	
Location					
Unit Letter	H	556'	Feet From The	East	Line and
					2375'
					Feet From The
					North
Line of Section	14	Township	6S	Range	22E
					NMPM,
					Chaves
					County

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. 88202				
Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
G	36	6S	22E	Yes	2-16-87

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. Re
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-25-86	2-11-87	3400'	3268'					
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4224' GL	Abo	2903.5	2883'					
Perforations			Depth Casing Shoe					
2903.5, 05, 06.5, 08, 09.5, 2955.5, 57, 58.5, 60 61.5, 63, 64.5, 66, 3121.5, 23, 24.5, 26, 27.5, 29								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	810'	300 SXS.
7 7/8"	4 1/2"	3322'	300 SXS. top of 4 1/2" cmt. w/300 SXS.
	2 3/8"	2883'	

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.)	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Gas - MCF
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
54	1 hr.		
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
1 hr. flow test	768	766	12/64

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)

March 19, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 23 1987

BY Original Signed By
Les A. Clements

TITLE Supervisor District 11

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper 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. Form C-104 must be filed for each pool in multi-