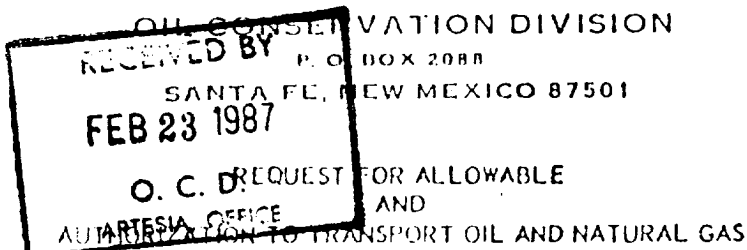


NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	✓
NATURAL GAS	✓
OPERATOR	
REGISTRATION OFFICE	
Operator	



McKay Oil Corporation

Address
Post Office Box 2014, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry 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
Four Mile Draw Federal	4	West Pecos Slope Abo	Federal	
			State, Federal or Fee	NM-36193

Location

Unit Letter 0 660 Feet From The South Line and 660 Feet From The West

Line of Section 14 Township 6S Range 22E, NMPM, Chaves

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)

New Mexico Gas Marketing, Inc.

Post Office Box 2014, Roswell, NM 88201

If well produces oil or liquids,
give location of tanks.

Unit	Sec.	Twp.	Range
G	36	6S	22E

Is gas actually connected? When
Yes 1-22-87

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 Rest'y.	Diff.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-3-87	1-13-87	3400'	3278'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4207' GL	Abo	2804.5	2891'					
Perforations	Depth Casing Shoe							
2907.5, 09, 10.5, 12, 13.5, 15, 16.5, 2933.5, 35, 36.5, 38, 39.5, 41.0, 42.5, 2962, 63.5, 65, 66.5, 68, 2975, 76.5, 78, 2804.5, 06, 07.5, 09, 2821.5, 23, 24.5, 26, 27.5, 28, 2839, 40.5, 42, 43.5, 45, 46.5								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	901'	300 sxs.
7 7/8"	4 1/2"	3362'	300 sxs., top of 4 1/2"
			cmt w/300 sxs.
	2 3/8"	2891'	

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 hole 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
			2-27-87
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
480	1 hr.		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
1 hr. test	841	837	9/64

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)

February 20, 1987

OIL CONSERVATION DIVISION

FEB 26 1987

APPROVED _____, 19____

Original Signed By
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 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 a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of conditions.