

## OIL CONSERVATION DIVISION

Form C  
Revised 1-1-87

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SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	
Operator	

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SANTA FE, NEW MEXICO 87501

MAR 20 1987

REQUEST FOR ALLOWABLE  
AND  
O. C. D.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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	Lease No.
Hosmer Federal	4	West Pecos Slope Abo	Federal	
Location			State, Federal or Fee NM-36192-A	
Unit Letter	0	660 Feet From The South Line and 1780' Feet From The East		
Line of Section	13	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
New Mexico Gas Marketing, Inc.	Post Office Box 2014, Roswell, New Mexico 88201
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
G 36 6S 22E	Yes 2-17-87

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. Res.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-7-86	2-5-87	3353'	3228'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4077' GL	Abo	2785.5	2714'					
Perforations	Depth Casing Shoe							
2785.5, 60, 61.5, 63, 64.5, 66, 67.5, 69, 70.5, 72, 73.5, 2780, 81.5, 83, 84.5, 2813.5, 15, 16.5, 2822, 23.5, 25, 26.5, 28, 2849, 50.5, 52, 53.5, 55, 56.5, 58, 59.5, 61								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	905'	300 sxs.
7 7/8"	4 1/2"	3277'	300 sxs., top of 4 1/2" cmt w/300 sxs.
	2 3/8"	2714'	

## 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 3-27-87 comp + BK
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	1 hr.		
142			
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
1 hr. flow test	800	800	8/64

## 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  
MAR 23 1987

APPROVED \_\_\_\_\_, 19\_\_\_\_

Original Signed By  
BY Les A. Clements  
Supervisor District II

TITLE \_\_\_\_\_

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-