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O. C. D.

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

McKay Oil Corporation

Address

P.O. Box 2014, Roswell, N.M. 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            |
| Hosmer Federal  | 3        | W. Pecos Slope-Abo               | State, Federal or Fee  | Federal NM-36192 |
| Location        |          |                                  |                        |                  |
| Unit Letter     | A        | 880 Feet From The North Line and | 880 Feet From The East |                  |
| Line of Section | 13       | Township 6 South                 | Range 22 East          | NMPM, Chaves Co. |

## 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) |
| N.M. Gas Marketing, Inc.   | P.O. Box 2014, Roswell, N.M. 88202                                       |
| If well produces oil or liquids,<br>give location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
| G 36 6S 22E  | Yes 5-1-87   |

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.     |          |        |           |             |         |
| 12/12/86                                       | 2/07/87                     | 3400'           | 3151'        |          |        |           |             |         |
| Elevations (DF, RAB, RT, CR, etc.)             | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |          |        |           |             |         |
| 4111' GR                                       | Abo                         | 2815'           | 2785'        |          |        |           |             |         |
| Perforations                                   | Depth Casing Shoe           |                 |              |          |        |           |             |         |
| 2815-2856' (22 shots); 2911-2918.5' (06 shots) | 3204'                       |                 |              |          |        |           |             |         |

## TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |                      |
|-----------|----------------------|-----------|----------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT         |
| 12 1/4"   | 8 5/8"               | 918'      | 1650 sx (Circulated) |
| 7 7/8"    | 4 1/2"               | 3204'     | 550 sx (Circulated)  |
| 4 1/2"    | 2 3/8"               | 2785'     |                      |

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  
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.) |            |
|                                 |                 |   |            |
| 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 |
| 1807 (CAOF)                      | 5 hours                   | --                        | --                    |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |
| back pr.                         | 785                       | 785                       | --                    |

## 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)

4/23/87

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAY 11 1987, 19BY Original Signed ByLes A. ClementsTITLE 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 deeper  
well, this form must be accompanied by a tabulation of the deviat  
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 own  
well name or number, or transporter, or other such change of conditSeparate Forms C-104 must be filed for each pool in multi  
completed wells