

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JUN 12 1987

O.C.D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

McKay Oil Corporation

Address

Post Office Box 2014, Roswell, New Mexico 88201

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 Lookout Federal	Well No. 4	Pool Name, Including Formation West Pecos Slope Abo	Kind of Lease State, Federal or Fee NM 36192	Lease
Location Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>10</u> Township <u>6S</u> Range <u>22E</u> , NMPM, <u>Chaves</u> 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 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.	Post Office Box 2014, Roswell, NM 88201	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 36
	Twp. 6S	Rge. 22E
	Is gas actually connected? <u>yes</u> When <u>6-2-87</u>	

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. Fr.
		X	X					
Date Spudded 12-31-86	Date Compl. Ready to Prod. 5-20-87	Total Depth 3400'	P.B.T.D. 3045'					
Elevations (DF, RAB, RT, GR, etc.) 4313' GL	Name of Producing Formation Abo	Top Oil/Gas Pay 2861.5	Tubing Depth 2811'					
Perforations 2861.5 - 2867.5 (5); 2896.5 - 2905.5 (7)			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	932'	290 SXS. <u>Part ID-2</u>
7 7/8"	4 1/2"	3120'	325 SXS. <u>6-26-87</u>
	2 3/8"	2811'	<u>comp & BH</u>

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
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 111	Length of Test 4 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shot-in) 647	Casing Pressure (Shot-in) 647	Choke Size

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.

Sheresa Rodriguez
(Signature)

Production Analyst
(Title)

June 11, 1987
(Date)

OIL CONSERVATION DIVISION

JUN 19 1987

APPROVED _____, 19 _____

Original Signed By
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 devi-
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for al-
able on new and recompleted wells.

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