

OIL CONSERVATION DIVISION

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.U.S.	
CARD OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

RECEIVED BY
MAY -8 1987
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA OFFICE AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
McKay Oil CorporationAddress
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 Lookout Federal	Well No. 5	Pool Name, including Formation W. Pecos Slope Abo	Kind of Lease Federal State, Federal or Fee NM-36192
Location			
Unit Letter I	: 1980	Feet From The South	Line and 660
Line of Section 9		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)					
N.M. Gas Marketing Gas, 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? Yes	When 5-2-87

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.	Drill
		X	X					
Date Spudded 1-6-87	Date Compl. Ready to Prod. 3-14-87	Total Depth 3392'	P.B.T.D. 3296'					
Elevations (DF, RKB, RT, CR, etc.) 4356' GR	Name of Producing Formation Abo	Top Oil/Gas Pay 2821'	Tubing Depth 2785'					
Perforations 2821-3111	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	914'	300 sxs. + 365
1 7/8"	4 1/2"	3370'	325 sxs + 250

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 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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 3-17-87 1603	Length of Test 4 hrs.	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in) 705	Casing Pressure (Shut-in) 702	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.

Theresa Rodriguez
(Signature)

Production Analyst

(Title)

5-5-87

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 11 1987

BY Original Signed 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 d
well, this form must be accompanied by a tabulation of the d
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely fo
able on new and recompleted wells.

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