

OIL CONSERVATION DIVISION

| | |
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| U.S.O. | |
| LAND OFFICE | |
| TRANSPORTER | <input checked="" type="checkbox"/> |
| OIL | <input checked="" type="checkbox"/> |
| GAS | <input checked="" type="checkbox"/> |
| OPERATOR | |
| PRODUCTION OFFICE | |

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SANTA FE, NEW MEXICO 87501

MAY -8 1987

O. C. D. REQUEST FOR ALLOWABLE
AND

ARTESIAN OFFICE 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)

| | | | |
|---------------------|-------------------------------------|---------------------------|--------------------------|
| New Well | <input checked="" type="checkbox"/> | Change in Transporter of: | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry Gas | <input type="checkbox"/> |
| | | Condensate | <input type="checkbox"/> |

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 | Federal | Lease No. |
| Snakeweed Federal | 2 | W. Pecos Slope Abo | State, Federal or Fee | NM-32323 | |
| Location | | | | | |
| Unit Letter | D | 1310 Feet From The North | Line and | 660 Feet From The West | |
| Line of Section | 18 | Township | 6S | Range | 23E |
| | | | | NMPM, | Chaves |
| | | | | | Count |

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) |
| NM Gas Marketing, Inc. | Post Office Box 2014, Roswell, NM 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 5-5-87 |

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. | | | | | |
| 12-20-86 | 2-7-87 | 3400' | 3075' | | | | | |
| Elevations (DF, RAB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| 4135' GR | Abo | 2871.5 | 2848' | | | | | |
| Perforations 2871.5-2886.5 (11) | 2901-2918.5 (12) | 2980-2984.5 (4) | Depth Casing Shoe | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|---------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4" | 8 5/8" | 909' | 300 sxs. + 305 sxs. |
| 7 7/8" | 4 1/2" | 3163' | 300 sxs. + 250 sxs. |

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 all
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.) | Post IO-2 5-15-87 comp & RK |
| 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 |
| 2-10-87 1218 | 4 hrs. | | |
| Testing Method (pistol, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| back pr. | 794 | 794 | |

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)5-7-87
(Date)

OIL CONSERVATION DIVISION

MAY 11 1987

APPROVED _____, 19

Original Signed By
BY Les 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 deepened
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 allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own-
er, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple