

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

NOV 19 '87

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator
McKay Oil CorporationO. C. D.
ARTESIA OFFICE

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 ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Inexco State	Well No. 7	Pool Name, including Formation W. Pecos Slope Abo	Kind of Lease State, Federal or Free State	Lease LG-5565
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Location

Unit Letter **I** : **1980** Feet From The **East** Line and **1980** Feet From The **South**Line of Section **33** Township **5S** Range **22E** , NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ 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	Sec.	Twp.	Rge.
G	36	6S	22E

Is gas actually connected? ☒ When **11-4-87**

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					
Date Spudded 3-8-87	Date Compl. Ready to Prod. 10-27-87	Total Depth 4691'	P.B.T.D. 4302'					
Levations (DF, RAB, RT, GR, etc.) 4106' GR	Name of Producing Formation Abo	Top Oil/Gas Pay 2921'	Tubing Depth 2900'					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	915'	300 sxs. + 295 sxs.
7 7/8"	4 1/2"	4373'	530 sxs.
	2 3/8"	2900'	Post ID-2 12-4-87 comp & BH

TEST DATA AND REQUEST FOR ALLOWABLE
NEW WELL (Test must be after recovery of total volume of load oil and must be equal to or greater than top of casing 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
Initial Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MMCF

GAS WELL

Initial Prod. Test-MMCF/D 876	Length of Test 24 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.) back pr.	Tubing Pressure (shot-in) 814	Casing Pressure (shot-in) 818	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)

11-17-87

(Date)

OIL CONSERVATION DIVISION

APPROVED **NOV 24 1987**, 10BY Mike Williams
Original Signed ByTITLE Oil & Gas Inspector

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 device 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.

out only Sections I, II, III, and VI for changes of ownership, transporter, or other such change of conditions.

This form must be filed for each pool in multi-