

OIL CONSERVATION DIVISION

CO. OF APPLICANTS	
DISTRIBUTION	
DATE	7
FILE	7
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATION	GAS
PRODUCTION OFFICE	
Operator	

RECEIVED BY
SANTA FE, NEW MEXICO 87501JUL -1 1987 REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA, OFFICE

McKay Oil Corporation

Address

P.O. Box 2014, Roswell, New Mexico 88202

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	Lease
Pipeline Comm.	2	W. Pecos Slope-Abo	State, Federal or Fee Fee	

Location

Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The WestLine of Section 26 Township 6 South Range 22 East , NMPM, Chaves Co.

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. P.O. Box 2014, Roswell, N.M. 88202

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	k	26	6S	22E	Yes	6/23/87

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.					
3/3/87	6/6/87	3400'	3060'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4244' GR	Abo	2840.5'	2744'					
Perforations		Depth Casing Shoe						
2840.5-2853 (8), 2859.5-2867 (6), 2907.5 (1), 2913.5-2915 (2)		3120'						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	852'	510 SX
7 7/8"	4 1/2"	3120'	575 SX
4 1/2"	2 3/8"	2744'	

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.)	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Gas-MCF
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
841 (CAOF)	24 hours	--	--
Testing Method (psit, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size
back pr.	756 psi	762 psi	--

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)

6/24/87

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 7 1987, 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 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
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

Form C-104 must be filed for each pool in multi

