

DATE RECEIVED	
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OFFICE	
TRANSPORTER	
ORIGINATOR	
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REMARKS	

RECEIVED BY  
JUN 12 1987P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

McKay Oil Corporation

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

Person(s) for filing (Check proper box)	Other (Please explain)
Well Completion <input checked="" 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"/>

Change of ownership give name  
Address of previous owner

## DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Snakeweed Federal	3	W. Pecos Slope-Abo	State, Federal or Free Federal	NM-32323

Unit Letter	G	1980	Feet From The	North	Line and	1980	Feet From The	East
Line of Section	18	Township	6 South	Range	23 East	NMPM,	Chaves	County

## SIGNATURE 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, Inc.	P.O. Box 2014, Roswell, New Mexico 88202
Well produces oil or liquids, Location of tanks.	Is gas actually connected? When
Unit G Sec. 36 Twp. 6S Rge. 22E	Yes 5/21/87

If production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
		X	X				X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2/16/87	5/17/87	3456'	3349'					
Productions (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4137' GR	Abo	2919.5'	2883'					
Iterations	Depth Casing Shoe							
2919.5-2937.5' (13 shots); 2949-2955' (5 shots)	3430'							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1033'	520 SX
7 7/8"	4 1/2"	3430'	575 SX
4 1/2"	2 3/8"	2883'	

## TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Post ID-2 6-26-87 comp & BK	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Total Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Test Well	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2861 (CAOF)	24 hours	--	--
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
back pr.	936 psi	936 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 is true and complete to the best of my knowledge and belief.

Theresa Rodriguez  
(Signature)

Production Analyst

(Title)

6/4/87

(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 19 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 deepen 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 allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition. Form C-104 must be filed for each pool in multiple completed wells.