OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
JUL -1 1987
O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form
Rev. Dec. 1.

Operator

McKay Oil Corporation

Address

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

Reason(s) for filing (Check proper box)	Change in Transporter of:		Other (Please explain)
New Well [XX]			
Recompletion [ ]	Oil [ ]	Dry Gas [ ]	
Change in Ownership [ ]	Casinghead Gas [ ]	Condensate [ ]	

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 State, Federal or Fee	Lease
S. 4 Mile Draw Fed.	7	W. Pecos Slope-Abo	Federal	NM-3619

Location

Unit Letter **I** : **1650** Feet From The **South** Line and **990** Feet From The **East**

Line of Section **21** 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 [XX]

New Mexico Gas Marketing, Inc.

Address (Give address to which approved copy of this form is to be sent)

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
	I	21	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.
2/10/87	6/13/87	3400'	3008'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4253' GR	Abo	2724'	2699'

Perforations			Depth Casing Shoe
2834-2861(17); 2724-2745(15)			3075'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	908'	655 sx
7 7/8"	4 1/2"	3075'	575 sx
4 1/2"	2 3/8"	2699'	

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)

Post FD-2
7-10-87
comp & BK

OIL WELL

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	

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
1066 (CAOF)	24 hours	--	--

Testing Method (prod. back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pr.	840 psi	844 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. Clements

Supervisor District II
TITLE

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 allowable on new and recompleted wells.

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