

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

RECEIVED

SEP 09 '87

O. C. D.

ARTESIA OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
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SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

McKay Oil Corporation

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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Eppers Federal	4	W. Pecos Slope Abo	State, Federal or P.O. NM	36190

Location

Unit Letter L : 1650 Feet From The South Line and 875 Feet From The WestLine of Section 35 Township 5S Range 21E , 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 ☒

New Mexico Gas Marketing, Inc.

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

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?

No

When

ASAP

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

2-14-87

Date Compl. Ready to Prod.

7-22-87

Total Depth

3400'

P.B.T.D.

3333'

Elevations (DF, HKB, RT, GR, etc.)

4306' GR

Name of Producing Formation

Abo

Top Oil/Gas Pay

2801

Tubing Depth

2777'

Perforations

2801 - 3167.5

Depth Casing Shoe

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	929'	515 sx's.
7 7/8"	4 1/2"	3396'	325 sx's. + 250
	2 3/8"	2777'	

## 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 of hole 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
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
514	4 hrs.		
Testing Method (spit, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pr.	746	750	6/64 - 12/64

## 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)

September 2, 1987

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

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 all able 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 condi-

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AND  
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SANTA FE	
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LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

McKay Oil Corporation

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 ☐ Dry Gas ☒  
Casinghead Gas ☐ Condensate ☐

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
Eppers Federal	4	W. Pecos Slope Abo	State, Federal or Fee NM	36190
Location				
Unit Letter	L	1650 Feet From The	South Line and	875 Feet From The
Line of Section	35	T. Township	5S	Range
			21E	NMPM, Chaves Co.

## 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)	
New Mexico Gas Marketing, Inc.	Post Office Box 2014, Roswell, NM 88201	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	G	36
	Twp.	6S
	Rge.	22E
Is gas actually connected?	When	
No	ASAP	

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. Fr.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
2-14-87	7-22-87		3400'		3333'			
Elevations (DF, HKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4306' GR	Abo		2801		2777'			
Perforations					Depth Casing Shoe			
2801 - 3167.5								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	929'	515 SXS.
7 7/8"	4 1/2"	3396'	325 SXS. + 250
	2 3/8"	2777'	

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.)	
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
514	4 hrs.		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pr.	746	750	6/64 - 12/64

## 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)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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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.

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ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
WARRANTY	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PERMITTING OFFICE	
Operator	

McKay Oil Corporation

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)

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
Eppers Federal	4	W. Pecos Slope Abo	State, Federal or Fee NM	36190

Location

Unit Letter L 1650 Feet From The South Line and 875 Feet From The West

Line of Section 35 Township 5S Range 21E, 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.

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?

No

When

ASAP

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2-14-87	7-22-87	3400'	3333'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4306' GR	Abo	2801	2777'					
Perforations			Depth Casing Shoe					
2801 - 3167.5								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	929'	515 sxcs.
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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
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
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Theresa Rodriguez  
(Signature)Production Analyst  
(Title)

2-1097

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APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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This form is only Sections I, II, III, and VI for changes of owner

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

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Address

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	2 3/8"	2777'	

TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

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
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
514	4 hrs.		
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
back pr.	746	750	6/64 - 12/64

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I hereby certify that the rules and regulations of the Oil Conservation  
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(Signature)Production Analyst  
(Title)

October 2, 1987

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