

TO: DIRECTOR	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	
Operator	

RECEIVED BY

SANTA FE, NEW MEXICO 87501

MAY -8 1987

REQUEST FOR ALLOWABLE

AND

O. C. D. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

McKay Oil Corporation

Address

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

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

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
Middle Fork Federal	5	W. Pecos Slope-Abo	State, Federal or Foreign	Federal NM-32322-

Location

Unit Letter E : 660' Feet From The South Line and 760 Feet From The WestLine of Section 5 Township 6South Range 23 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)

N.M. 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

G

36

6S

22E

Yes

5-1-87

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. F

X

X

X

Date Spudded

1/27/87

Date Compl. Ready to Prod.

2/02/87

Total Depth

3500'

P.B.T.D.

3387'

Elevations (DF, RAB, RT, CR, etc.)

4169'

Name of Producing Formation

Abo

Top Oil/Gas Pay

3000'

Tubing Depth

2947'

Perforations

3000-3015 (11 shots); 3176-3185' (07 shots)

Depth Casing Shoe

3489'

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1076'	525 sx (Circulated)
7 7/8"	4 1/2"	3489'	575 sx (Circulated)
4 1/2"	2 3/8"		

## 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 allowable 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/MCF	Gravity of Condensate
623 (CAOF)	4 hours	-	--
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pr.	834	834	--

## 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)

4/23/87

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAY 11 1987, 19BY 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 deeper well, this form must be accompanied by a tabulation of the deviated 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.

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

Separate Forms C-104 must be filled for each pool in multi-completed wells.