Form DI 1918 (July 1984)

UNITED STATES DEPARTMENT OF THE INTER OR

RECEIVED BY

FORM APPROVED OMB NO. 1004-0149 Expires: January 31, 1986

SUPPLEMENTARY APPLICATION OR MINING ON C. D.

	ARTESIA, CERICE
This form is required by the Bureau of Land Management (BLM) and the Minerals Management S	Service (MMS) the jurisdictional agencies charged with under the Natural Gas Policy Act of 1978
95-621, for Federal, Indian, and OCS lands. The data requested is a requirement of the Federal En- such data must be forwarded to the Federal Energy Regulatory Commission by the Authorized	ergy Regulatory Commission regulation 18 CFR 274 Determinations by Juriadictional Agencies
11. Applicant	1. API Well No.
McKay Oil Corporation	30-005-62417
Address (Including zip code)	2. Lease No.
P. O. Box 2014, Roswell, NM 88201	NM-32322
Telephone (Including area code) 505/623-4735	3. Lease Name and Well No.
12. Request Category for Determination	Miller Federal #5
	4. Sec., T. & R.
 Section 102(c)(1)(B), New Onshore Wells Section 102(c)(1)(C), New Onshore Reservoirs 	Section 6-6S-23E 5. Area and Block (OCS)
 Section 102(c)(1)(C), New Onshore Reservoirs Section 102(d), New Reservoirs on Old OCS Leases 	
Section 103(c), New Onshore Production Well	6. Field
Section 107(c), High-Cost Natural Gas	West Pecos Slope Abo
Section 108(b), Stripper-Well Natural Gas	7. Reservoir Abo sand
13. Person Responsible for Answering Questions Cindy L. Kelton	8. State, District, and County NM, Roswell, Chaves
Address (Including zip code). P. O. Box 2014, Roswell, NM 88201	9. Operator McKay Oil Corporation
Telephone (Including area code) 505/623-4735	10. Type of Well: 🔲 Oil Well 🖾 Gas Well
14. Newspaper, City, State, and Date (or expected date) of Notice	
Roswell Daily Record, Roswell, NM	
15. Gas Purchaser	
New Mexico Gas Marketing, Inc.	
Address (Including zip code)	
P. O. Box 2014, Roswell, NM 88201	
Gas Purchaser	
Address (Including zip code)	
16. Colessee and/or Working Interest Owner	
See attached Exhibit "A"	
Address (Including zip code)	
Colessee and/or Working Interest Owner	
Address (Including zip code)	
17. Attach the Appropriate Checklist and Support Data (See instruction I certify that the foregoing and the checklist attached are true and c	es) correct to the best of my knowledge as determined from available recor
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly a false, fictitious or fraudulent statements or representations as to any ma	and willfully to make to any denartment or agency of the United States
Name Cindy L. Kelton	Title Assistant to the President
Signature Dillo Topologia	Date May 15, 1987 .

EXHIBIT "A"

J

McKay Oil Corporation Miller Federal #5 Section 6-6S-23E API No. 30005-62417 Chaves County, New Mexico

Working Interest Owners

Royale Petroleum Corporation Wells Fargo Bank Building 101 West Broadway, Suite 1777 San Diego, California 92101

The McKay Children's Trust P. O. Box 2014 Roswell, New Mexico 88201

Flagstaff Land Associates 2222 S. Dobson Road, Suite 6A Mesa, AZ 85202

DENCO Oil & Gas Investments 2222 S. Dobson Road, Suite 6A Mesa, AZ 85202

DENCO Oil Properties 2222 S. Dobson Road, Suite 6A Mesa, AZ 85202

DENCO Oil Partners 2222 S. Dobson Road, Suite 6A Mesa, AZ 85202

McKay Oil Corporation P.O. Box 2014 Roswell, New Mexico 88201

Ventana Limited Partnership 3567 E. Sunrise Drive, Suite 235 Tucson, AZ 85718

Gas Purchaser

New Mexico Gas Marketing, Inc. P. O. Box 2014 Roswell, New Mexico 88201 FERC--121

Form Approved OMB No. 038--R0381

U.S. DEPARTMENT OF ENERGY Federal Energy Regulatory Commission Washington, D.C. 20426

APPLICATION FOR DETERMINATION OF THE MAXIMUM LAWFUL PRICE UNDER THE NATURAL GAS POLICY ACT (NGPA) (Sections 102, 103, 107 and 108)

PLEASE READ BEFORE COMPLETING THIS FORM:

General Instructions:

Complete this form if you are applying for price classification under sections 102, 103, 107 or 108 of the NGPA. A separate application is required for each well. If any reservoir qualifies for a category which differs from the category applicable to the producing well, separate applications must be made for the producing well and the reservoir. Complete each appropriate item on the reverse side of this page. The code numbers used in items 4.0 and 6.0 can be obtained from the Buyer/Seller Code Book. If there is more than one purchaser or contract, identify the additional information in the space below. Enter any additional remarks in the space below.

Submit the completed application to the appropriate Jurisdictional Agency as listed in title 18 of the CFR, part 270.103. If there are any questions, call (202) 275-4539.

Specific Instructions for Item 2.0, Type of Determination:

Section of NGPA	Category Code	Description
102	1	New OCS Lease
102	2	New onshore well (2.5 mile test)
102	3	New onshore well (1,000 feet deeper test)
102	4	New onshare reservoir
102	5	New reservoir on old OCS Lease
103	_	New onshore production well
107	_	High cost natural gas
108	_	Stripper well

Other Purchasers/Contracts:

Contract Date (Mo. Day Yr.)

65

ł

この気をついて たい

Purchaser

Buyer Code

Remarks:

McKay Oil Corporation Miller Federal #5

FT7900806/1-2

FERC-121

.

• • • • •

;

1.0 API well number: (If not available, leave blank, 14 digits,	30-005-62417				
2.0 Type of determination being sought: (Use the codes found on the front of this form.)	<u>103</u> (c) Section of NGPA Category Code	· · · · · · · · ·			
3.0 Depth of the deepest completion location: (Only needed if sections 103 or 107 in 2.0 above.)	feet				
4.0 Name, address and code number of applicant: (35 letters per line maximum. If code number not available, leave blank.)	McKay Oil Corporation Name P. O. Box 2014 Street	Seller Code			
	Roswel1NM88201CityStateZip Code				
 5.0 Location of this well: [Complete (a) or (b).] (a) For onshore wells (35 letters maximum for field name.) 	West Pecos Slope Abo Field Name Chaves NM County State				
(b) For OCS wells:					
	Area Name Block Number Date of Lease: LILLLL Mo. Day Yr. OCS Lease Number				
 (c) Name and identification number of this well: (35 letters and digits maximum.) 	Miller Federal #5				
 (d) If code 4 or 5 in 2.0 above, name of the reservoir: (35 letters maximum.) 	Abo sand				
6.0 (a) Name and code number of the purchaser: (35 letters and digits maximum. If code number not available, leave blank.)	New Mexico Gas Marketing, Inc. Name	Buyer Code			
(b) Date of the contract:	0,3,2,8,8,6, Mo. Day Yr.				
(c) Estimated annual production:	65,000 MMcf.				
	(a) Base Price(b) Tax(c) All Other(\$/MMBTU)Prices (Indicate(+) or (-).]	(d) Total of (a), (b) and (c)			
7.0 Contract price: (As of filing date, Complete to 3 decimal places.)	<u>1.7.9.2</u> . <u>1.6.6</u>	1958			
8.0 Maximum lawful rate: (As of filing date. Complete to 3 decimal places.)	3.1.7.01.6.9 ±.0.9.5	3_4_3_4_			
9.0 Person responsible for this application: Agency Use Only Date Received by Juris. Agency	<u>Cindy L. Kelton</u> Name Name Signature	<u>nt to</u> the ident			
Date Received by FERC	May 15, 1987 505/623-4735 Date Application is Completed Phone Number				

FT7900806/2-2

1.0 API well number: {If not available, leave blank, 14 digits.}	30-005-62417				
2.0 Type of determination being sought: (Use the codes found on the front of this form.)		107 Section of N		(c) Category Code	
3.0 Depth of the deepest completion location: (Only needed if sections 103 or 107 in 2.0 above.)		-	3356	feet	
4.0 Name, address and code number of applicant: (35 letters per line	 McKay	0il Corpor	ation		
maximum. If code number not available, leave blank.)		Box 2014		- 11 <u> </u>	Seller Code
	Street Roswe City	11	<u> NM</u>	tate Zip Code	• •
 5.0 Location of this well: {Complete (a) or (b).} (a) For onshore wells (35 letters maximum for field name.) 	West Field Nar Chave County		Abo	NM	
(b) For OCS wells:				State	
	Area Nam	ne		Block Number	-
•		Date of Lea LLL_L Mo. Day		OCS Lease Number	. .
 (c) Name and identification number of this well: (35 letters and digits maximum.) 	Mille	r Federal #	5		
 (d) If code 4 or 5 in 2.0 above, name of the reservoir: (35 letters maximum.) 	Abo s	and			-
6.0 (a) Name and code number of the purchaser: (35 letters and digits maximum. If code number not available, leave blank.)	New Mo	exico Gas M	arketing, I	nc.	Buyer Code
(b) Date of the contract:			<u>0,3,2,8,</u> Мо. Day	8 <u>16</u> Yr.	-
(c) Estimated annual production:		<u>f</u>	5,000	MMcf.	
		(a) Base Price (\$/MMBTU)	(b) Tax	(c) All Other Prices [Indicate {+) or (-).]	(d) Total of (a), (b) and (c)
7.0 Contract price: (As of filing date. Complete to 3 decimal places.)		<u>1.792</u>	<u>1_6_6</u>		<u>1958</u>
8.0 Maximum lawful rate: (As of filing date. Complete to 3 decimal places.)		6.3.4.0	<u>1_7_5</u>	<u>+.1_9_0_</u>	<u>6.705</u>
9.0 Person responsible for this application: Agency Use Only Date Received by Juris, Agency	<u>ein</u> Name	ely L. Kel	ton	Assista Title Pres	ant to the sident
	Signature	ad f	GlAn		
Date Received by FERC	, <u> </u>	5, 1987 lication is Complet		05/623-4735 Phone Number	

1

and the second sec

FT7900806/2-2

GTATE OF NEW MCHOO ERGY AND MINERALS DEPARTMENT				Form C-10 Revised	
		ATION DIVISIO DX 2088	N		
	RECEIVED BY	W MEXICO 87501			
U LU.B.	MAY -8 1987		·		
INANSPORTER OIL		NR ALLOWABLE			
DPTRATION PROBATION OFFICE	ARTESTATION O TRANS	PORT OIL AND NATUR	AL GAS		
McKay Oil Corporat	ion 🦯				
Post Office Box 20)14, Roswell, New Mexico	88201			
Reason(s) for filing (Check proper bo	лт <i>ј</i>	Other (Please	explainj		·····
New Well X Recompletion	Change in Transporter ol: Oil Dry Go				
Change in Ownership	Casinghead Gas Conde	nzote			
f change of ownership give name ind addreas of previous owner					
DESCRIPTION OF WELL AND		interation	Kind of Lease	Federal	.
Miller Federal	Well No. Pool Name, Including F 5 W. Pecos Slo		State, Federal or F		Lease '
Location					·
Unit Letter M : 66	0 Feet From The West Lin	ne and <u>660</u>	_ Feet From The _	South	
Line of Section 6 T	waship 6S Range	23Е , ммрм,	Chaves	<u></u>	Cou
DESIGNATION OF TRANSPOR Nome of Authorized Transporter of Co	TER OF OIL AND NATURAL GA	AS Address (Give address to	which approved c	opy of this form is to	be sentj
Name of Authorized Transporter of Co	asinghead Gas 📄 or Dry Gas 📄	Address (Give address to	which approved c	opy of this form is to	be sentj
N.M. Gas Marketing		Post Office Box		<u>ell, NM 882</u>	01
lf well produces oil or liquids, give location of tanks.	G 36 6S 22E	yes		-2-87	
this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order	numb er :		
Designate Type of Completi	ion - (X) Oil Well Gas Well	New Well Workover	Deepen Plu	g Back Same Rest	v, † Diff, †
Designate Type of Complete	Date Compl. Ready to Prod.	X Total Depth	і Р.І	3.T.D.	
1-13-87	3-9-87	3500'		3388'	
4224 GR	Name of Producing Formation Abo			bing Depth 2919	
Perforations 2966-2985.5 (15); 2995-3003 (6); 3059.		De	oth Casing Shoe	
3079.5-3088.5 (7); 3		CEMENTING RECORD)		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	r <u> </u>	SACKS CEM	
12¼" 7 7/8"	8 5/8" 4 ¹ 2"	<u>907'</u> 3449'		<u>0 sxs. + 175</u> <u>5 sxs. + 250</u>	
EST DATA AND REQUEST F	DR ALLOWARLE Tree must be n	fter recovery of socal volum	e of load oil and π	ust be equal to or e:	cced top
DIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow,			
Date First New Oil Run To Tonks	Date of Test	Producing Method (Fibm,			<u></u>
ength of Test	Tubing Pressure	Casing Presewte	Ch	oke Size	
ictual Prod. During Test	Oil-Bble.	Water-Bbls.	Ga	• MCF	
]		<u></u>	
JAS WELL				wity of Condensate	
Actual Prod. Teel-MCF/D 3-12-87 2398	Length of Test 4 hrs.	Bbls. Condensate/MMCF	Gro	THIN OF CONCENENTS	
Betting Method (pitor, back pr.) back pt. 10	Tubing Presewe (Shut-in) 665	Coming Pressure (sbut- 665	in) Ch	oke Size	
ERTIFICATE OF COMPLIAN	CE		NSERVATION		
	regulations of the Oil Conservation	APPROVED	MAY 1 1	1987	19
wision have been complied with	regulations of the Oil Conservation a and that the information given a best of my knowledge and belief.	BY	Original	Signed By	
ove is true and complete to the	· of my knowledge and perion	TITLE	الماسية المستحد بالبرسيانين	Clements r-District II	
			•	r District II lience with NULE	1104.
Thirico.	odriaues		at for allowable	for a newly drille	d or deep
(31 8 ii		well, this form must	be accompanied all in accordanc	e with MULK 111	
Production An (Te	alyst	able on new and rec-	ompleted wells.	filled out comple	
5-5-87	-	Fill out only 90 well name or number,		and VI for chang	ges of o
. (D	ote)	Separate Forma	C-104 must be	filed for each po	oi in mult
	ł	forminated wells.			