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| NO. OF OFFICE RECEIVED | <div>RECEIVED BY JUL -1 1987 O. C. D. ARTESIAN OFFICE</div> | OIL CONSERVATION DIVISION |
| DISTRIBUTION | | P. O. BOX 2088 |
| SANTA FE | | SANTA FE, NEW MEXICO 87501 |
| FILE | | |
| U.S.D.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | | REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS |
| OPERATION | | |
| PROMOTION OFFICE | | |
| Operator | | |

McKay Oil Corporation

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

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| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | |
| Change in Transporter of: | |
| Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner

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|---------------------------------|---------------------|--|--|---------------------|
| DESCRIPTION OF WELL AND LEASE | | | | |
| Lease Name Remmele Fed. Comm | Well No. 11 | Pool Name, including Formation W. Pecos Slope-Abo | Kind of Lease State, Federal or Fee Federal | Lease NM-3619 |
| Location | | | | |
| Unit Letter K | 1980' | Feet From The West | Line and 1650 | Feet From The South |
| Line of Section 27 | Township 6 South | Range 22 East | N.M.P.M. | Chaves |

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| 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. | P.O. Box 2014, Roswell, N.M. 88202 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 27 | Twp. 6S | Rge. 22E | Is gas actually connected? Yes | When 6/16/87 |

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

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| COMPLETION DATA | | | | | | | | |
| Designate Type of Completion - (X) | Oil Well <input type="checkbox"/> | Gas Well <input checked="" type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Rest'v. <input checked="" type="checkbox"/> | Diff. F. <input type="checkbox"/> |
| Date Spudded 3/6/87 | Date Compl. Ready to Prod. 5/27/87 | Total Depth 3400' | | P.B.T.D. 3147' | | | | |
| Elevations (DF, HAD, RT, GR, etc.) 4241' GR | Name of Producing Formation Abo | Top Oil/Gas Pay 2757.5' | | Tubing Depth 2732' | | | | |
| Perforations 2757.5-2765 (6); 2771.5-2776 (4); 2882.5-2891 (6); | | 3112.5-3121.5 (7) | | Depth Casing Shoe 3223' | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | | |
| 12 1/4" | 8 5/8" | 911' | | 580 SX | | | | |
| 7 7/8" | 4 1/2" | 3223' | | 575 SX | | | | |
| 4 1/2" | 2 3/8" | 2732' | | | | | | |

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| 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 of well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.) | |
| 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 |

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| GAS WELL | | | |
| Actual Prod. Test-MCF/D 4734 (CAOF) | Length of Test 24 hours | Bbls. Condensate/MMCF -- | Gravity of Condensate -- |
| Testing Method (pilot, back pr.) back pr. | Tubing Pressure (Shot-in) 968 psi | Casing Pressure (Shot-in) 972 psi | Choke Size -- |

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| CERTIFICATE OF COMPLIANCE | OIL CONSERVATION DIVISION |
| 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. | APPROVED JUL 7 1987, 19 |
| <u>Sheresa Rodriguez</u> (Signature) Production Analyst (Title) 6/17/87 | BY <u>Les A. Clements</u> Supervisor District II |
| | TITLE <u>Supervisor District II</u> |
| | 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 wells on new and recompleted wells. |
| | Fill out only Sections I, II, III, and VI for changes of ownership or other such changes of conditions. |

