

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

OCT 13 '87

REQUEST FOR ALLOWABLE
ANDAUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
P. C. D.
ARTESIA, OFFICE

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TRANSPORTER	
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OPERATION	
PROMOTION OFFICE	
Operator	

McKay Oil Corporation

Address

Post Office Box 2014, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well



Change in Transporter of:

Oil



Dry Gas



Recompletion



Casinghead Gas



Condensate



Change in Ownership



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
Pierce Federal	1	W. Pecos Slope Abo	State, Federal or Fee	NM-36191

Location

Unit Letter P : 460 Feet From The South Line and 460 Feet From The EastLine of Section 4 Township 6S Range 22E , 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, New Mexico 88201

If well produces oil or liquids,
give location of tanks.Unit G Sec. 36 Twp. 6S Rge. 22E

Is gas actually connected?

Yes

When

ASAP 11-4-87

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

COMPLETION DATA

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.		
1-22-87		8-10-87			3400'		3389'		
Elevations (DF, RAB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
4336'		Abo			2788		2761'		
Perforations							Depth Casing Shoe		
2788-3186									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	5 5/8"	905'	300 + 295 SXS.
7 7/8"	4 1/2"	3400'	325 + 250 SXS.
	2 3/8"	2761'	

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 greater than 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/MMCF	Gravity of Condensate
720	4 hrs.		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pr.	926	930	

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 9, 1987

OIL CONSERVATION DIVISION

APPROVED DEC 4 1987, 19BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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 operator, transporter, or other such change of condition.