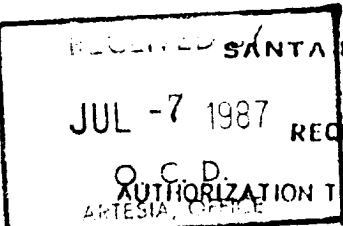


OIL CONSERVATION DIVISION

NO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NATURAL GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	
Operator	



P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

McKay Oil Corporation

Address

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

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
S. 4 Mile Draw Fed. Com	9	W. Pecos Slope Abo	State, Federal or Foreign	Federal NM-36194
Location				
Unit Letter	A	790 Feet From The North Line and 660 Feet From The East		
Line of Section	22	T. Township 6 South	Range 22 East	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.	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
	A	22	6S	22E	Yes	6/15/87

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. R.
		X	X				X	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
3/1/87	5/28/87		3400'		3240'			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4248' GR	Abo		2824'		2792'			
Perforations					Depth Casing Shoe			
2824-2830(5); 2940-2943(3); 3090-3097.5(7); 3105(1)					3295'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		903'		690 SX			
7 7/8"	4 1/2"		3295'		575 SX			
4 1/2"	2 3/8"		2792'					

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.)	
		7-18-87 comp + BK	
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
970 (CAOF)	24 hours	--	--
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pr.	882 psi	888 psi	--

1. 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 JUL 10 1987  
BY Original Signed By  
Les A. Clements  
TITLE 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 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 a  
able on new and recompleted wells.