

OIL CONSERVATION DIVISION

COPIES OF THIS ORDER
DISTRIBUTION
TO: ☒ STATE
TO: ☒ COUNTY
TO: ☒ OPERATOR
TO: ☒ LAND OFFICE
TO: ☒ TRANSPORTER
TO: ☒ OPERATOR
TO: ☒ PRODUCTION OFFICE

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MAY -8 1987
O.C.D.
ARTESIA, OFFICE

P. O. BOX 2086
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: 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: Miller Federal Well No.: 6 Pool Name, including Formation: W. Pecos Slope-Abo Kind of Lease: State, Federal or Fee Federal NM-32322
Location: Unit Letter: P : 990 Feet From The East Line and 660 Feet From The South
Line of Section: 6 Township: 6 South Range: 23 East, NMPM, Chaves County

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: G Sec: 36 Twp: 6S Rge: 22E Is gas actually connected? Yes When: 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 Some Res'tv. Diff. Res
Date Spudded: 1/16/87 Date Compl. Ready to Prod.: 3/09/87 Total Depth: 3529' P.B.T.D.: 3458'
Elevations (DF, RKB, RT, GR, etc.): 4202' GR Name of Producing Formation: Abo Top Oil/Gas Pay: 3114' Tubing Depth: 3060'
Perforations: 3114-3120' (5 shots); 3199-3208' (7 shots); 3380-3388' (6 shots) Depth Casing Shoe: 3519'

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1045'	735 sx (Circulated)
7 7/8"	4 1/2"	3519'	575 sx (Circulated)
4 1/2"	2 3/8"	3060'	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)

OIL WELL
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-Bble. Water-Bble. Gas-MCF:

GAS WELL
Actual Prod. Test-MCF/D: 449 (CAOF) Length of Test: 4 hours Bble. Condensate/MMCF: Gravity of Condensate:
Testing Method (pilot, back pr.): back pr. Tubing Pressure (shut-in): 821 Casing Pressure (shut-in): 821 Choke Size:

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)
4/24/87
(Date)

OIL CONSERVATION DIVISION
APPROVED: MAY 11 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 deepen well, this form must be accompanied by a tabulation of the deviate 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 owner, well name or number, or transporter, or other such change of condition. Separate Form O-104 must be filed for each pool in multiple.