

1.0 API well number: (If not available, leave blank. 14 digits.)	30-005-62432				
2.0 Type of determination being sought: (Use the codes found on the front of this form.)	103 Section of NGPA		(c) Category Code		
3.0 Depth of the deepest completion location: (Only needed if sections 103 or 107 in 2.0 above.)	3293 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 Roswell NM 88201 City State Zip 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: Mo. Day Yr. OCS Lease Number				
(c) Name and identification number of this well: (35 letters and digits maximum.)	Snakeweed Federal #4				
(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:	136,000 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.)		1 8 0 5	. 1 6 8		1 9 7 3
8.0 Maximum lawful rate: (As of filing date. Complete to 3 decimal places.)		3 8 6 2	. 1 6 9	+ . 1 1 6	4 1 4 7
9.0 Person responsible for this application:	Cindy L. Kelton Assistant to the Name Title President  Signature June 15, 1987 505/623-4735 Date Application is Completed Phone Number				