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| INSTRUMENT | |
| DATE | |
| FILE | |
| U.S.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| OPERATION | NATURAL GAS |
| PERMITS OFFICE | |
| Operator | |

RECEIVED BY MAIL P. O. BOX 2088
SANTA FE, NEW MEXICO 87501JUL -1 1987 REQUEST FOR ALLOWABLE
AND
O.C.D. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA OFFICE

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 ☐Casinghead Gas ☐Dry 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 St. Com 11 | | W. Pecos Slope-Abo | State, Federal or Fee State | LG-957 |
| Location | | | | |
| Unit Letter | M | 990 Feet From The West Line and | 660 Feet From The South | |
| Line of Section | 22 | 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 |
| | M | 22 | 6S | 22E | Yes | 6/23/87 |

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't. | Diff. R. |
| | | X | X | | | | X | |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| 3/17/87 | 3/23/87 6-14-87 | | 3400' | | 3194' | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| 4223' GR | Abo | | 2703' | | 2661' | | | |
| Perforations | 2738-2743 (11) | | | | Depth Casing Shoe | | | |
| 2703-2722.25 (11) | 2763-2768 (21) | | 2818-2825.5 (7) | | 3280' | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4" | 8 5/8" | 855' | 405 SX |
| 7 7/8" | 4 1/2" | 3280' | 325 SX |
| 4 1/2" | 2 3/8" | 2661' | |

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 able for this depth or be for full 24 hours) | | Post ID-2 | |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| | | 7-10-87 Comp & BIR | |
| 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 |
| 3862 (CAOF) | 24 hours | -- | -- |
| Testing Method (spot, back pr.) | Tubing Pressure (Shot-in) | Casing Pressure (Shot-in) | Choke Size |
| Back pr. | 910 psi | 912 psi | |

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)
6/24/87

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 7 1987
Original Signed By
BY [Signature]
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 all
wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of
name or number, or transporter, or other such change of condi-
tions. Form C-104 must be filed for each pool in multi-