

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78  
RECEIVED

SEP 09 '87

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

McKay Oil Corporation

Address  
Post Office Box 2014, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Charolette	Well No. 2	Pool Name, including Formation W. Pecos Slope Abo	Kind of Lease State, Federal or Fee	Fee	Lease
Location Unit Letter <u>E</u>	<u>660</u> <u>1980</u>	Feet From The <u>West</u>	Line and <u>1980</u>	Feet From The <u>North</u>	
Line of Section <u>17</u>	Township <u>6S</u>	Range <u>23E</u>	, NMPM, <u>Chaves</u>		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.	Post Office Box 2014, Roswell, NM 88201
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>36</u> Twp. <u>6S</u> Rge. <u>23E</u>
Is gas actually connected?	When <u>8-17-87</u>
Yes	

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. Fr.
		X	X					
Date Spudded 6-22-87	Date Compl. Ready to Prod. 8-12-87	Total Depth 3462'	P.B.T.D. 3198'					
Elevations (DF, RKB, RT, GR, etc.) 4115' GL	Name of Producing Formation Abo	Top Oil/Gas Pay 2931	Tubing Depth 2912'					
Perforations 2931-2950	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8 5/8"	961'	300 SXS. + 415
7 7/8"	4 1/2"	3280'	250 SXS.
	3 3/8"	2912'	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of land oil and must be equal to or exceed top of well 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 3072	Length of Test 4 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, back pr.) back pr.	Tubing Pressure (Shut-in) 1017	Casing Pressure (Shut-in) 1020	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)

OIL CONSERVATION DIVISION

SEP 10 1987

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
Original Signed By  
Les A. Clements  
Supervisor District 11

This form is to be filled 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.