

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

"CONFIDENTIAL"

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

McKay Oil Corporation

RECEIVED

Address  
Post Office Box 2014, Roswell, New Mexico 88201

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)

JUN 09 '88

O. C. S.  
ARTESIA OFFICE

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name L L & E Fed.	Well No. 3	Pool Name, including Formation W. Pecos Slope Abo	Kind of Lease State, Federal or Fee NM-32308	Lease
Location Unit Letter C ; 1485 Feet From The West Line and 660 Feet From The North Line of Section 12 Township 6S Range 22E, 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.	Post Office Box 2014, Roswell, NM 88201
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? Yes When 5-5-88

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					
Date Spudded 3-23-88	Date Compl. Ready to Prod. 4-29-88	Total Depth 3375'	P.B.T.D. 3113'					
Elevations (DF, H&B, RT, GR, etc.) 4177	Name of Producing Formation Abo	Top Oil/Gas Pay 2962'	Tubing Depth 2763'					
Perforations 2962' - 2980'	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	921'	300 + 280 SXS.
7 7/8"	4 1/2"	3154'	325 SXS.
	2 3/8"	2763'	

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 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 986	Length of Test 4 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shot-in) 940	Casing Pressure (Shot-in) 942	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)

June 8, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 30 1988

BY Original Signed By  
Mike Williams

TITLE

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 well name or number, or transporter, or other such change of conditions. This form must be filed for each pool in multi-