

NO. OF WELLS	
DISTRICT	
COUNTY	
FILE	
MAP	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

"CONFIDENTIAL"

McKay Oil Corporation

RECEIVED

Address Post Office Box 2014, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	JUN 09 '88
Incompletion ☐	C. C. D.
Change in Ownership ☐	ARTESIA, OFFICE
Change in Transporter of:	
Oil ☐	
Condensate ☐	
Changehead Gas ☐	
Dry Gas ☒	

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
Lucky Comm	1	W. Pecos Slope Abo	State, Federal or Fee	Fee
Location				
Unit Letter	J	1650 Feet From The	South	Line and 1980 Feet From The
Line of Section	17	Township	6S	Range 22E, NMPM, Chaves

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 Changehead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
New Mexico Gas Marketing, Inc.	P.O. Box 2014, Roswell, NM 88201
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	Is gas actually connected? When
	Yes 4-29-88

If this production is commingled with that from any other lease or pool, give commingling order number: applied for

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3-31-88	4-26-88	3274'	2950'					
Elevations (DF, H&B, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Abo	2731'	2714'					
Perforations	2731' - 2750'		Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	860'	300 SXS. + 205
7 7/8"	4 1/2"	3009'	250 SXS.
	2 3/8"	2714'	

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
		6-17-88
Length of Test	Tubing Pressure	Casing Pressure
		choke 4 BK
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
987	4 hrs.		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pr.	998	N/A	

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 JUN 13 1988
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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 condi-

Form C-104 must be filed for each pool in multi-