

Instructions on back
to Appropriate District Office
5 Copies

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address MCKAY OIL CORPORATION Post Office Box 2014 Roswell, NM 88201		OGRID Number 014424
		Reason for Filing Code 2-1-78 Change in gas transporter Name
API Number 30 - 005-62606	Pool Name PECOS SLOPE ABO, WEST	Pool Code 82740
Property Code 006694	Property Name M & M Fed	Well Number 5

II. ¹⁰ Surface Location

U/ or lot no.	Section	Township	Range	Lot/Idn	Feet from the	North/South Line	Feet from the	East/West line	County
A	19	6S	23E		995	North	587	East	Chaves

11 Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
" Lec Code F	" Producing Method Code F	" Gas Connection Date 7-14-88		" C-129 Permit Number		" C-129 Effective Date		" C-129 Expiration Date	

III. Oil and Gas Transporters

" Transporter OGRID	" Transporter Name and Address	" POD	" O/G	" POD ULSTR Location and Description
015834	ABO GAS GATHERING Post Office Box 2918 Roswell, NM 88201	1295130	G	

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OIL CON. DIV.

DIST. 2

IV. Produced Water

" POD	" POD ULSTR Location and Description

V. Well Completion Data

V. Well Completion Data				
" Spud Date	" Ready Date	" TD	" FBTD	" Perforations
" Hole Size	" Casing & Tubing Size	" Depth Set	" Sacks Cement	

VI. Well Test Data

" Date New Oil	" Gas Delivery Date	" Test Date	" Test Length	" Tbg. Pressure	" Csg. Pressure
" Choke Size	" Oil	" Water	" Gas	" AOF	" Test Method

"I hereby certify that the rules 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.

Signature:

Theresa Rodriguez

Printed name:

Theresa Rodriguez.

Title:

Production Analyst

Date:

3/28/95

Phone: 505-623-4735

Approved by:

OIL CONSERVATION DIVISION

ORIGINAL SIGNED BY TOM W. GUAN
DISTRICT II SUPERVISOR

Type:

Approval Date:

APR 3 1995

^a If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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