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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
RECEIVED Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87409

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator McKay Oil Corporation	Well API No. 30-015-22960
Address Post Office Box 2014, Roswell, New Mexico 88201	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Roy L. McKay, Post Office Box 2014, Roswell, NM 88201	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hannifin Fed	Well No. 2	Pool Name including Formation Undesignated Morrow	Kind of Lease State, Federal or Fee	Lease No. NM-3620
Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 1 Township 19S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing, Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 1320, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 1	Twp. 19S	Rge. 31E	Is gas actually connected? Yes	When? 10-14-80

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
						Port ID-3		
						7-7-89		
						by op name		

V. 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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Signature
Theresa Rodriguez
Printed Name
Theresa Rodriguez
Date
June 30, 1989
Title
Production Analyst
Telephone No.
505-623-4735

OIL CONSERVATION DIVISION

Date Approved JUL 7 1989

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells

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JAN 30 1981

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

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Operator
Roy L. McKay ✓

Address
P. O. Box 2014, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change in operator from Joe Don Cook (deceased) to Roy L. McKay	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner
Joe Don Cook P.O. Box 1320 Hobbs, N.M. 88240

DESCRIPTION OF WELL AND LEASE		R-6698 6-2-81 Pool Name Change	
Lease Name Hannifin Federal	Well No. 2	Pool Name, Including Formation Hannifin Federal Morrow	Kind of Lease State, Federal or Fee Federal
Location		Lease No. NM-3620	
Unit Letter E		1980 Feet From The North Line and 660 Feet From The West	
Line of Section 1		Township 19S Range 31E NMPM, Eddy County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Navajo Refinery Crude Oil Purchasing Co	P. O. Drawer 175, Artesia, N.M. 88210		
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)		
Llano, Inc.	P. O. Drawer 1320, Hobbs, N.M. 88240		
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 1	Twp. 19S Rge. 31E
	Is gas actually connected? Yes		When 10/14/80

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Fr.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 allowable 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	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.	
Lorraine R. Schmitt, Prod. Analyst	
1/26/81	

OIL CONSERVATION DIVISION FEB 03 1981	
APPROVED	19
BY: Mike Williams	
TITLE: OIL AND 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 deepened 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 oil well name or number, or transporter, or other such change of condition.	
Separate Form C-104 must be filed for each pool in multi-completed wells.	

OIL CONSERVATION DIVISION

ARTESIA, NEW MEXICO .

June 10, 1981

Roy L. McKay
Post Office Box 2014
Roswell, New Mexico 88201

Gentlemen:

Re: Pool Name Change

As a result of Division Order R-6698, the vertical limits of the Shugart Penn Gas Pool are now contracted to the Morrow formation only and said pool is redesignated as the Shugart-Morrow Gas Pool. The pool name of the following described well (s) (has-have) been changed to Shugart-Morrow Gas Pool. Please change your records to reflect the proper pool name. All subsequent reports must show this nomenclature until further notice.

SHUGART-MORROW GAS POOL

Hannifin Federal #2-E-1-19-31

Transporters are advised, by copy of this letter, to change their records to reflect the pool name change as established by this order.

Sincerely, *Larry Brooks*
Oil Conservation Division

Distribution:
Original - Operator
XC: Santa Fe OCD
Each Transporter NCO, LI

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TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

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OCT 20 1980

I.

Operator JOE DON COOK ✓		O. C. D. ARTESIA, OFFICE
Address PO Box 159, Roswell, New Mexico 88201		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hannifin Federal	Well No. 2	Pool Name, Including Formation Undesignated Morrow <i>Shugart</i>	Kind of Lease State, <u>Federal</u> or Fee NM 3620
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>west</u>			
Line of Section <u>1</u> , Township <u>19S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refinery <i>Navajo Crude Oil Purchasing Co.</i>	Address (Give address to which approved copy of this form is to be sent) PO Drawer 175, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) PO Drawer 1320, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>1</u>	Twp. <u>19</u>	Rge. <u>31</u>	Is gas actually connected? yes	When <u>10/14/80</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 1/15/80	Date Compl. Ready to Prod. 5/6/80	Total Depth 12,250		P.B.T.D. 12,200				
Pool Undesignated Morrow	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,848		Tubing Depth 11,817				
Perforations 11848-855; 11863-866; 11886-889; 11904-912; 11927-931; 11934-937; 11960-964; 11970-973; 11978-981; 11983-985; 11995-998				Depth Casing Shoe --				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17½	48# - 13-3/8		400'		450 sx. circ.			
11	24# & 32# - 8-5/8		4510'		1250 sx. circ.			
7-7/8	11.6# & 13.5# - 4½		12250'		300 sx. circ.			

V. 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 allowable 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 72.17	Length of Test 4 hrs.	Bbls. Condensate/MMCF 5.46	Gravity of Condensate 51.23 @ 60°
Testing Method (pitot, back pr.) 4 pt. back pressure	Tubing Pressure 2109-444	Casing Pressure pkr.	Choke Size 8/64-24/64

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ch Johnson

PETROLEUM DEVELOPMENT CORPORATION,
Agent for Joe Don Cook

(Title)

10/16/80

(Date)

cc: RLM, IDC, Minoco, Sunmark-10/16/80

OIL CONSERVATION COMMISSION

OCT 24 1980

APPROVED _____, 19____
BY *W. A. Gressett*
TITLE 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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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Separate Forms C-104 must be filed for each pool in multiple completed wells.

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OCT 15 1980

O. C. D.
ARTESIA, OFFICE
NEW MEXICO

OIL CONSERVATION DIVISION

P. O. DRAWER DD
ARTESIA, NEW MEXICO

88210

Date October 14, 1980

NOTICE OF LLANO'S GAS CONNECTION:

OPERATOR: Joe Don Cook ✓

LEASE: Hannifin Federal

WELL NUMBER AND UNIT: 2 E

LOCATION: 1-19S-31E

POOL: Shugart Penn

DATE WELL CONNECTED: October 7, 1980

DATE OF FIRST GAS SALES: October 13, 1980

LLANO'S STATION NUMBER: 271

LLANO, INC.
TRANSPORTER


REPRESENTATIVE
AL KLAAR

MANAGER OF PETROLEUM AND
NATURAL GAS ENGINEERING
TITLE

xc: Oil Conservation Division, Box 2088, Santa Fe, New Mexico 87501
xc: To Operator