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

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

State of New Mexico Energy, Minerals and Natural Resources Department

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION P.O. Box 2088

RECEIVED See Instructions
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1000 Rio Brazos Rd., Aztec, NM 87410)	.ECT = -	·~ ··	(0)444=		A I (T) I O O	7471011	ARTESIA, O	LLICE		
I.	HEQU					AUTHORIZ	_				
TO TRANSPORT OIL A						Well API No.					
McKay Oil Corporation					00152309500						
Address	v·· •										
Post Office Box 20		well, N	lew M	exico	88201					 -	
Reason(s) for Filing (Check proper box))		~		U Oth	er (Please expla	iùi)				
New Well	0.1	Change in	•								
Recompletion	Oil Casinghe		Dry Ga Conden								
						364 37 1		70701			
and address of previous operator	Chesapea	ke Bay	Gas	Gatheri	ng Co.,	Midland	, Texas	79701			
II. DESCRIPTION OF WELL	L AND LE	ASE									
Lease Name Well No. Pool Name, Include								Lease			
Charolette McKay Fe	ederal	1	WC A	toka			State,	Federal or Fee	NM-34	54 <i>1</i>	
Location	. 198	^		N	lorth	. 660	ı		East		
Unit LetterH	:		Feet Fr	om The	Lio	e and	Fe	et From The		Line	
Section 25 Towns	shin 2	0S	Range	24E	N	MPM.	Eddy			County	
Journal of the second	#					····	 				
III. DESIGNATION OF TRA	NSPORTE	ER OF OI	LAN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Transwestern Pipe Line Company					Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521, Houston, Texas 77001						
Transwestern Pipe If well produces oil or liquids,	Line Com Unit		Twp.	Ree	is gas actuali		When		.,,,,,		
give location of tanks.				1	No	,	i				
If this production is commingled with th	at from any ot	her lease or	pool, gi	ve comming!	ing order num	ber:					
IV. COMPLETION DATA											
Designate Type of Completion	n - (X)	Oil Well	_	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded		npl. Ready to	Prod.		Total Depth	1	l	P.B.T.D.		I	
Date Spinited											
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
								Depth Casing Shoe			
Perforations								Depth Casing	Shoe		
·		TUDING	CASI	NG AND	CEMENTI	NG RECOR	<u>D</u>	<u> </u>			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE	<u> </u>	OASING & TOBING GIZE				DET THOSE			Post ID-3		
		·			 			- The	100		
					 			7	-ap		
V. TEST DATA AND REQU	EST FOR	ALLOW	ABLE		<u> </u>						
OIL WELL (Test must be after	er recovery of	total volume	of load	oil and must					r full 24 hour	s.)	
Date First New Oil Run To Tank	Date of Test				Producing M	lethod (Flow, pi	ump, gas lift, i	elc.)			
					Carina Process			Choke Size			
Length of Test	Tubing P	ressure			Casing Pressure						
Actual Prod. During Test	Oil - Bhi	Oil - Bbls.				Water - Bbls.			Gas- MCF		
7 Julian 1 Julian Burning 1 Julian 1 Ju	0., 20.,	-									
GAS WELL					- !	······································	······································				
Actual Prod. Test - MCF/D	Length o	f Test			Bbls. Conde	nsate/MMCF		Gravity of Co	ndensate		
Testing Method (pitot, back pr.)	Tubing P	ressure (Shu	t-in)		Casing Press	sure (Shut-in)		Choke Size			
VI. OPERATOR CERTIF	ICATE O	F COM	PLIA	NCE			JOEDY	ATIONE	אווופור	\NI	
I hereby certify that the rules and re	gulations of th	ne Oil Conse	rvation				49FK A	ATION [7101010	ИV	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.									2 100 0		
is true and complete to the best of my knowledge and better.					Date Approved DEC 1 2 1990						
Thereoa F	odan	2/12/2				<u>-</u>	DIO:ALAL	CICNED BY	,		
Signature	1	1			∥ By_	0	RIGINAL IIKE WILL	SIGNED BY			
Theresa Rodriguez	₩	roducti		nalyst		c	HOEBNISI HVC MIFF	OR, DISTRIC	CT IP		
Printed Name			Title		Title	>	01 21(113)	J.,, J.J.		····	

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

December Date

1990

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 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.