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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico gy, Minerals and Natural Resources Depa

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

DISTRICT II

OIL CONSERVATION DIVISION P.O. Box 2088

пот 2 і 1993

D. Drawer DD, Artesia, NM 88210	Sa	P.O. Box 2088 Santa Fe, New Mexico 87504-2088				© € 5 . (
TRICT III U Rio Brazos Rd., Aztec, NM 87410	חרסו					AUTHORIZ			arrels		
	HEUL	TO TO		ORT OIL	AND NA	TURAL GA	S	ים כסד	arrers		
		IU In	UNOI	On Oil	AITE IVI	1011111	Well A	PI No.			
:rator McKay Oil Corporati	ion /						00	1523095	·		
ress											
P.O. Box 2014, Rosy	vell, N	M 882	02_		X Oth	er (Please expla	in)				
ion(s) for Filing (Check proper box)		Change in	Trans	notes of:	<u>v</u>						
v Well	0.1	Clanke			SEE	ATTACHED					
ompletion 💾	Oil		. •	ensale		Barrels					
nge in Operator	Casingnes	d Cas	CONO	entere [7]							
ange of operator give name address of previous operator											
DESCRIPTION OF WELL	AND LE	ASE					Vind o	(Lease	- L	ase No.	
se Name		Well No.	1	Name, Includi			State,	Federal or Fee	NMNM :	34647	
Charolette McKay Fed;		#1	_De	vonian_	(Injecti	on)					
ation				N	~~+h •1-	66	50Fe	et From The .	East	Lin	
Unit Letter H	<u>: 198</u>	0	. Feet	From The No	or cir tio	c and					
Section 25 Township	20S		Rang	24E	N	мрм,	Eddy			County	
				NO NATED	DAT CAC						
DESIGNATION OF TRAN	SPORTE	or Conde	IL A	ND NATU	Address (Gi	e address to wh	ich approved	copy of this f	orm is to be se	ni)	
me of Authorized Transporter of Oil	$\overline{\mathbf{x}}$	Of Collect	i saco		DOB	ov 591. 1	Culsa. O	K 7410	2		
Amoco Pipeline Company	y Con		or Dr	y Gas 🔲	Address (Gir	ne address to wh	ich approved	copy of this f	orm is to be se	ni)	
me of Authorized Transporter of Casing	Sueso Cas	L									
vell produces oil or liquids,	Unit	Sec.	Twp.	Rge.	le gas actual	y connected?	When	7			
Innetion of tanks.	1	<u> </u>	<u> </u>		ing order num	ber:					
is production is commingled with that	from any oti	her lease or	pool,	Sine community	INE OLGO SAN.						
COMPLETION DATA		Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res's	
Designate Type of Completion	- (X)	l l	. !			<u>i</u>	<u></u>	l,	.1	l	
te Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
te spance					Top Oil/Gas Pay			Tubing Depth			
evations (DF, RKB, RT, GR, etc.)	Name of	Name of Producing Formation				10h Olivers 1-7					
	<u> </u>				<u> </u>			Depth Casi	ng Shoe		
rforations .	ותמט	ER #460	1								
SEE SALT WATER DISPOS	AL OKD	TUBING	. CA	SING AND	CEMENT	ING RECOR	D		SACKS CEN	IENT	
	CASING & TUBING SIZE					DEPTH SET		SACKS CEMEITI			
HOLE SIZE	- 	NOINE E									
								-}			
					.			-	··-		
											
. TEST DATA AND REQUE IL WELL (Test must be after	ST FOR	ALLOW	ABL	iEi ad ail and mus	i it be equal 10 (or exceed top all	lowable for th	is depth or be	for full 24 ho	urs.)	
IL WELL (Test must be after	recovery of	Total Volum	2 0) 10	30 DO 0/11 //	Producing l	dethod (Flow, p	ump, gas lift,	etc.)			
ate First New Oil Run To Tank	Date of T	CE									
	Tubing Pressure			Casing Pres	sure		Choke Size				
th of Test Tubing I		INP 4 Emphris						Gas- MCF			
ctual Prod. During Test	Oil - Bbl	8.			Water - Bb	ls.		0.5			
wrong from morning					1						
GAS WELL					T60- 0	encate/M/MCF		Gravity of	Condensate		
actual Prod. Test - MCF/D	Langth of Test				Bbls. Condensate/MMCF						
		s=====769			Casing Pre	ssure (Shut-la)		Choke Siz	0		
sling Method (pitot, back pr.)	['Ubing	Pressure (Si	int.m)			• •					
		IR COL	(DI I	ANCE			MOCC	/ATION	וטואופו	ON	
I. OPERATOR CERTIFIC	CAIEC		باداری در در در ۱۲	M Vitania		OIL CO	NSERV	AHUN	ופואוח ו		
I hereby certify that the rules and reg	uiations of t Athet the in	iomatica e	oeivau(bovs			•	በር	T 2 9 19	93	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved						
10 Hrs. and angidness of me are as and								L CICKE	D. BY		
Jan & Saluety					By ORIGINALISIGNED BY						
Signature		Ţ					MIKE W	USOR DI	STRICT IT		
James L. Schultz	V	ice-Pro	eid Ti	ent	Titi	۵	20FER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Datased Mama			1.61		11 110	▼					

(505) 623-4735

Printed Name 10-21-93

Date

- 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.

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

5. Supplied From C. 104 must be filed for each pool in multiply completed wells.