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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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

APR - 9 1992

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

O. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator McKay Oil Corporation		Well API No. 30-015-26936
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 checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Charolette McKay Com	Well No. 4	Pool Name, Including Formation South Dagger Draw <i>u/Penn</i>	Kind of Lease State, Federal or Fee	Lease No. FEE
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 Section <u>25</u> Township <u>20S</u> Range <u>24E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1725, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Feagan Gathering Company	Address (Give address to which approved copy of this form is to be sent) 4000 N. Big Sprin, Suite 305, Midland, TX 79705					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 25	Twp. 20S	Rge. 24E	Is gas actually connected? yes	When? 3-30-92
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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2-26-92	Date Compl. Ready to Prod. 3-30-92		Total Depth 8127'		P.B.T.D. 7986'			
Elevations (DF, RKB, RT, GR, etc.) 3611'	Name of Producing Formation Canyon		Top Oil/Gas Pay 7552 7705		Tubing Depth 7967 7767'			
Perforations 7705, 7709, 7710 7718-28, 7732-42, 7743-45, 7746-48, 7750-52		TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe 8127'				
HOLE SIZE 14 3/4"	CASING & TUBING SIZE 7"		DEPTH SET 8127'		SACKS CEMENT 1st stage 600 sx 2nd stage 915 sx			

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 3/30/92	Date of Test 4/1/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 125	Casing Pressure 150	Choke Size <i>Post ID-2 5-29-92 comp + BK</i>
Actual Prod. During Test	Oil - Bbls. 543	Water - Bbls. 1340	Gas - MCF 641

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.

Jim Johnson
Signature
Jim Johnson Agent
Printed Name
April 8, 1992
Date
505-623-4735
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 20 1992
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.