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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

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JUL 03 '89

O. C. D.
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State of New Mexico
Energy, Minerals and Natural Resources Department

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

c/SF
HT
GT
OP
Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator McKay Oil Corporation	Well API No. 30-015-21246
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 Dalton Kincheloe, 859 Petroleum Building, Roswell, NM 88201	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fasken Fed.	Well No. 2	Pool Name, Including Formation Hudson 1-1/2	Kind of Lease State, Federal or Fee	Lease No. NM-0490017-B
Location Unit Letter V : 1180 Feet From The W Line and 600 Feet From The Line Section 5 Township 21S Range 26E, NMPM, Lea ELL / 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"/>	Address (Give address to which approved copy of this form is to be sent) Box 1182 Hudson 1-1/2	
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) P.O. Box 2014, Roswell, NM 88201	
If well produces oil or liquids, give location of tanks.	Unit <input checked="" type="checkbox"/> Sec. 5 Twp. 21 Rge. 26	Is gas actually connected? Yes When? 3-12-80
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
		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					
			Post ID-3					
			2-7-89					
			chg ap					

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
Signature MCKAY OIL CORPORATION
Theresa Rodriguez Production Analyst
Printed Name Title
June 6, 1989 505-623-4735
Date Telephone No.

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 well in multiply completed wells.