

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

NOV 19 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA, OFFICE

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U.S.G.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator

McKay Oil Corporation ✓

Address

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

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Sherri	1	Undesignated Abo	State, Federal or Fee Federal	NM-22060
Location				
Unit Letter	J	1980 Feet From The South	Line and 1880	Feet From The East
Line of Section	28	T. township	8S	Range 22E, NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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)					
Transwestern Pipeline Company	P. O. Box 2521, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	Unknown

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-22-82	3-18-82	3233'	3193'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3995' G.L.	Abo	2422' 2473	2436'					
Perforations	2550, 64, 65, 66, 68, 2603, 04, 10, 1 JSPF (.41")					Depth Casing Shoe		
	2473, 73, 74, 75, 76, 84, 85, 93, 94, 95, 1 JSPF (3-1/8")					3233'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	95.68'	5 yds redi-mix
12 1/2"	9-5/8"	852'	700 SX
7-7/8"	4-1/2"	3233'	325 SX
	2-3/8"	2436'	

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)

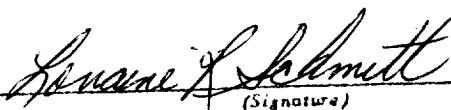
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
133	24 hrs	---	----
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
4 Pt. Back Pressure	462	462	7/64"

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.



Production Analyst

(Title)

November 18, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY _____

TITLE _____

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.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filled for each pool in multiple completed wells.

Hold for Los Cannet Notes

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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PRODUCTION OFFICE	

McKay Oil Corporation

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

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Sherri ✓	Well No. 1	Pool Name, including Formation Undesignated Abo	Kind of Lease State, Federal or Fee Federal	Lease No. NM-22060
Location Unit Letter J : 1980 Feet From The South Line and 1880 Feet From The East Line of Section 28 Township 8S Range 22E, NMPM, Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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)					
Transwestern Pipeline Company	P. O. Box 2521, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	Unknown

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
		X	X					
Date Spudded 1-22-82	Date Compl. Ready to Prod. 3-18-82	Total Depth 3233'	P.B.T.D. 3193'					
Elevations (DF, RKB, RT, GR, etc.) 3995' G.L.	Name of Producing Formation Abo	Top Oil/Gas Pay 2422'	Tubing Depth 2436'					
Perforations 2550, 64, 65, 66, 68, 2603, 04, 10, 1 JSPF (.41") 2473, 73, 74, 75, 76, 84, 85, 86, 93, 94, 95, 1 JSPF (3-1/8")			Depth Casing Shoe 3233'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13-3/8"	95.68'	5 yds redi-mix					
12 1/2"	9-5/8"	852'	700 sx					
7-7/8"	4-1/2"	3233'	325 sx					
	2-3/8"	2436'						

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 133	Length of Test 24 hrs	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (quot, back pr.) 4 Pt. Back Pressure	Tubing Pressure (Shut-in) 462	Casing Pressure (Shut-in) 462	Choke Size 7/64"

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.

Kirane L. Schmitt
(Signature)

Production Analyst

November 18, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY _____

TITLE _____

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Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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

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ARTESIA, OFFICE

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Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Sherri	Well No. 1	Pool Name, including Formation W. Pool Layer Undesignated Abo	Kind of Lease State, Federal or Fee Federal	Lease No. NM-22060
Location Unit Letter J : 1980 Feet From The South Line and 1880 Feet From The East Line of Section 28 Township 8S Range 22E , NMPM, Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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Transwestern Pipeline Company	P. O. Box 2521, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
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COMPLETION DATA

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		X	X					
Date Spudded 1-22-82	Date Compl. Ready to Prod. 3-18-82		Total Depth 3233'		P.B.T.D. 3193'			
Elevations (DF, RKB, RT, CR, etc.) 3995' G.L.	Name of Producing Formation Abo		Top Oil/Gas Pay 2422'		Tubing Depth 2436'			
Perforations 2550, 64, 65, 66, 68, 2603, 04, 10, 1 JSPF (.41") 2473, 73, 74, 75, 76, 84, 85, 86, 93, 94, 95, 1 JSPF (3-1/8")					Depth Casing Shoe 3233'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	95.68'	5 yds redi-mix
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TEST DATA AND REQUEST FOR ALLOWABLE
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(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
133	24 hrs	---	---
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
4 Pt. Back Pressure	462	462	7/64"

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Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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Location Unit Letter J ; 1980 Feet From The South Line and 1880 Feet From The East Line of Section 28 Township 8S Range 22E , NMPM, Chaves County				

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TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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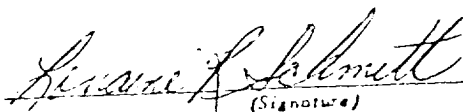
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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
133	24 hrs	---	---
Testing Method (spot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
4 Pt. Back Pressure	462	462	7/64"

CERTIFICATE OF COMPLIANCE

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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	X					
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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
133	24 hrs	---	---
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
4 Pt. Back Pressure	462	462	7/64"

CERTIFICATE OF COMPLIANCE

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Sirani L. Schmitt
(Signature)

Production Analyst
(Title)

November 18, 1982

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