ijΝE	STATE OF N RGY AND MINER				ΛEN <b>T</b>
f	**. ** 1**:44 ******			,	
	DISTRIBUTION		1_		
	SANTA FE				
	FILE				
	U.S.O.S.		l		
	LAND OFFICE		l		
	TRANSPORTER	OIL	Ι		
		OAS			
	DPENATION				
٠.	PROBATION OFFICE		<u> </u>		<u> </u>
Ť	Operator				

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

NOV 19 1982

U.S.O.E.  LAND OFFICE  TRANSPORTER OIL  OAS  OPERATION PROBATION OFFICE	REQUEST FOR AN AUTHORIZATION TO TRANSF	۸U	O. C. D.	
Operator McKay Oil Cor	poration /			
P. O. Box 201	4, Roswell, New Mexi	co 88201		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please	explain)	
New Well X	Oil Dry Ga			
Change in Ownership	Cavinghead Gas Conden	sate		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND L	EASE			No.
Lease Name	Well No. Pool Name, Including Fo	Wille	Kind of Lease State, Federal or Fee Fede	ral NM-22060
Sherri	1   Undesignat	ed ADO	rede	1 a1 Jul 22000
Unit Letter J : 1980	Feet From The South Lin		Feet From The East	
Line of Section 28 T. A.	nahip 8S Range	22Е , ммрм	, Chaves	County
DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Cil	ER OF OIL AND NATURAL GA	Address (Give Badress	to which approved copy of this f	
Name of Authorized Transporter of Cast	nghead Gas 🔃 of Dry Gas 🔀		to which approved copy of this f	77001
Transwestern Pipeline (	Ompany Unit Sec. Twp. Rge.	P. O. Box 2521	Houston, Texas	
If well produces oil or liquids, give location of tanks.		No	i Unkn	own.
If this production is commingled with COMPLETION DATA	that from any other lease or pool, Oil Well Gas Well	give commingling order		ame Resty, Diff, Resty,
Designate Type of Completion		X		<u> </u>
Date Spudded	Date Compl. Heady to Prod. 3-18-82	Total Depth 3233	P.B.T.D. 319	93'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Abo	Top Oil/Gas Pay 24221 247		
5 ( ) ( ) ( ) ( ) ( ) ( )	6, 68, 2603, 04, 10, 1 J 5, 76, 84, 85, 86, 93, 9	4, 9J, 1 JULY (.	3-1/8") Depth Casing 323	
	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH S	· · · · · · · · · · · · · · · · · · ·	KS CEMENT
HOLE SIZE	13-3/8"	95.68	5 yds re	edi-mix
17½'' 12½''	9-5/8''	852'	700 sx	
7-7/8''	4-1/2"	3233'	325 sx	
TEST DATA AND REQUEST FO	2-3/8"  OR ALLOWABLE (Test must be a	fer recovery of total volu	ime of load oil and must be equa	al to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours Producing Method (Flow	s <i>)</i>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Sixe	
Actual Pred. During Test	Oil-Bble.	Water-Bbls.	Gas - MCF	
GAS WELL	Length of Test	Bbis. Condensate/MMC	F Gravity of Cor	nden3a <b>te</b>
Actual Prod. Temt-MCF/D	24 hrs			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut	Choke Sixe 7/64	Ť
4 Pt. Back Pressure	462		ONSERVATION DIVISION	
CERTIFICATE OF COMPLIANC	Œ	[]	UNSERVATION DIVISIO	
I hereby certify that the rules and r Division have been complied with	AND INSTITUTE INTOLLER CONTRACTOR	APPROVED		1
above is true and complete to the	best of my knowledge and belief.			
1 1	1 14	This form is t	o be filed in compliance wit	th MULE 1104.
Singue X Se	amet	11	quest for allowable for a new at he accompanied by a tabu	Av drilled or despens

(Signature)

Production Analyst (Tide) November 18, 1982

(Date)

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. H. HI. and VI for changes of owner well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filled for each pool in multiple condicted wells.

Hold for Las Cannut Halice

## ERGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISION

P. O. BOX 2088

RECEIVED

BBA MO MINER	nes c	K, r r		
** ** ***** ****				
CHARMATIC	14			
SANTAFE	SANTA FE			
FILE				
v 1.0.1.				
LAND OFFICE		l		
	OIL	l		
TRANSPORTER				
OPERATOR	<b>!</b>			
PROBATION OFFICE			$oldsymbol{ol}}}}}}}}}}}}}}}}}}}$	

Production Analyst

November 18, 1982

(Date)

SANTA FE, NEW MEXICO 87501

NOV 19 1982

REQUEST	FOR ALLOWABLE
	AND

O. C. D.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fitl out only Sections 1. II, III, and VI for change of conditional name or number, or transporter, or other such change of conditional name.

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

16ANEPONTER OIL	10 1030B3 1	ND ARTESIA	, OFFICE
OPENAT-UN	AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL GAS	•
PROBATION OFFICE			
Operator Oct 1	rnoration		
McKay Oil Co	poración		
	14, Roswell, New Mexi	co 88201	
Reason(s) for filing (Check proper box	,	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	OII Dry Go	<b>清!</b>	•
Change in Ownership	Casinghead Gas Conden	isale [ ]	
If change of ownership give name and address of previous owner			
	TEACE		
DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Lease	
Sherri	1 Undesignat	Abo State, Federa	Federal MM-22060
			<b>.</b>
- 10	80 Feet From The South Lin	e and 1880 Feet From	The Last
Unit Letter J: 19		oon C	NAVES County
Line of Section 28 T.	Amship 8S Range	22E , NMPM, UI	
	OF OUL AND NATURAL CA	25	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		
Name of Authorized Transporter of Co	ssinghead Gas or Dry Gas X	Address (Give address to which appro	
i e		P. O. Box 2521, Houston	r, Texas 77001
Transwestern Pipeline	Unit Sec. Twp. Rge.	Is gas actually connected?	Unknown
If well produces oil or liquids, give location of tanks.		No	· Officiality
Give location of toward	ith that from any other lease or pool,	give commingling order number:	
If this production is commingled w. COMPLETION DATA			Plug Back   Same Res'v. Diff. Res'v.
	Oil Well Gas Well	New Well Workover Deepen	
Designate Type of Complet		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	3233'	3193'
1-22-82	3-18-82   Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Lievations (DF. RKB, RT, GR, etc.)	Abo	2422'	2436'
3995' G.L.	0.600 0/ 10 1	ISPF (.41")	Depth Casing Shoe
Perforations 2550, 64, 65,	66, 68, 2603, 04, 10, 15, 75, 76, 84, 85, 86, 93, 9	94. 95, 1 JSPF (3-1/8")	3233'
2473, 73, 74,	75, 70, 04, 05, 00; 55;	D CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	sacks CEMENT 5 yds redi-mix
HOLE SIZE	13-3/8''	95.68'	
17½"	9-5/8''	852'	700 sx 325 sx
12½"	4-1/2''	3233'	
7-7/8''	0.07011	2436 <b>'</b>	1
. TEST DATA AND REQUEST		after recovery of total volume of load of	and must be equal to or exceed top allow
OIL WELL		Repth or be for full 24 hours)  [Producing Method (Flow, pump, gas )	ift, etc.)
Date Fulst New Oil Run To Tonks	Date of Test	Predacing Kieling (	
		Casing Pressure	Choke Size
Length of Test	Tebing Pressure		
	O11-8ble.	Water-Bbls.	Gds-MCF
Actual Pred. During Test	OH- Bale.		
			•
			Gravity of Condensate
GAS WELL Actual Frod. Tems-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Consensate
133	24 hrs		Choke Sixe
Trating Marked (prior, back pr.)	Tubing Fressure (Ehut-in)	Cosing Pressure (Shut-in)	7/64''
4 Pt. Back Pressure	462	462	
4 Pt. Dack Tresser	NCE	DIL CONSERVA	ATION DIVISION
CERTIFICATE OF COMPLIA			. 19
and the second s	d regulations of the Oil Conservation	n APPROVED	
I hereby certify that the rules and this is a have been complied w	ith and that the information given the heat of my knowledge and belief	. BY	
above is time and complete to	the best of my knowledge and belief		
•	<u>.</u>	TITLE	
1 1	0 1 11		compliance with BULE 1104.
La maria X	h limit	If this is a request for all	exable for a newly griffed or desper-
Sirane &	(anotwe)	well, this form must be accom- tests taken on the wall in acc	
, ,		п ' ' '	were the filled out completely for allo

RECEIVED

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

Form C-104 Revised 10-1-78

IERGY AND MINERALS DEPARTMENT DISTAINSTION FAMIATE FILE

(Date)

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

NOV 1 9 1982

CAND OFFICE  CHANSPORTER  OIL  OFFIATOR	REQUEST FOR ANI	D	O. C. ARTESIA, RAL GAS	
McKay Oil Cor	poration			
P. O. Box 201	4, Roswell, New Mexic	0 88201		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please	explain)	
New Well X	OIL Dry Gos			
Recompletion Change in Ownership	Casinghead Gas Condens	at•		
change of ownership give name nd address of previous owner				
DESCRIPTION OF WELL AND I	Well No. Pool Italies	Abo	Kind of Lease State, Federal	or Fee Federal NM-22060
Sherri	1 0			T .
Unit Letter J : 198	O Feet From The South Line	and <u>1880</u>	_ Feet From T)	
Line of Section 28 T. w	nahip 8S Range	22E , NMPM	, Chi	AVES County
DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GAS	·		ed copy of this form is to be sent)
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X			ed copy of this form is to be sent)
Transwestern Pipeline		P. O. Box 2521	Houston,	Texas 77001
If well produces oil or liquids, give location of tanks.		Is gas actually connect NO		Unknown
(this production is commingled wit	h that from any other lease or pool, i	give commingling orde	r number:	
COMPLETION DATA	Oll Well Gas Well	New Well Workover	Deepen 1	Plug Back   Same Res'v. Dill. Res'v
Designate Type of Completio		X 1 Total Depth		P.B.T.D.
Date Spuddod 1-22-82	Date Compl. Ready to Prod. 3-18-82	3233'		3193'
Lievations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Abo	Top Oil/Gas Pay 2422'		Tubing Depth 2436'
3995' G.L.	60 2002 04 10 1 19	SPF (.41")	(011)	Depth Casing Shoe
2473 73. 74.			3-1/8'')	3233'
	TODING, CASINO, THE	CEMENTING RECORD		SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	95.68		5 yds redi-mix
173"	9-5/8''	852'		700 sx
12½''	4-1/2"	3233'		325 sx
7-7/8''	2 3 /8"	2436'		<u>i</u>
TEST DATA AND REQUEST F	OD AND OUSDIE The First he co	bit of pe los lair 34 year	4/	and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Freducing Method (Flo	w, pump, gas lif	i, etc.)
Length of Teat	Tubing Pressure	Cosing Pressure		Choie Size
	Oil-Sble.	Woter-Bbis.		Gas-MCF
Actual Pred. During Test				
GAS WELL				Gravity of Concensate
Actual Frod. Test-MCF/D	Length of Test  24 hrs	Bbls. Concensate/MM		
Teating Nethod (piror, back pr.)	Tubing Pressure (Ehut-in)	Coming Pressure (Ebb	t-in)	7/64"
4 Pt. Back Pressure	462		CONSERVA	TION DIVISION
CERTIFICATE OF COMPLIAN	CE	11		
	af the Dil Cornervation	APPROVED		, 19
I hereby certify that the rules and Division have been complied with	regulations of the Oil Conservation and that the information given a best of my knowledge and belief.	.BY		
above is time and complete to th	e best of my knowledge and belief.	TITLE		
	A		(I)-d lo	compliance with NULE 1104.
.11 -1	11 1			
Sinne & Se	Mmul			
		well, this form must be accompanied with MULE 111.  tests taken on the well in eccondance with MULE 111.  All sections of this form must be filled out completely for allo		
Production Analys	<u>st</u>			
November 18, 198	ile) 2			II. III. and VI for changes of own ter, or other such change of conditions of the such that the subtraction will be supplyed to subtract the subtraction of the subtr
	u(e)	well name or num		t he filed for weth pool in multip

Form C-104 Revised 10-1-78

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

NOV 1 9 1982

			17
ALS D	l("   1, w	1111	NEN
) M			
	ļ		
	I		
DIL	l		
DAL			l
	<b> </b>		
KE	<u> </u>	L	L
	oir	ALS DEPA	ALS DEPARTA

Production Analyst

November 18, 1982

(Date)

REQUEST FOR ALLOWABLE

O. C. D.

DIL OIL	REQUEST FOR	_	ARTESIA, C	DEFICE
THANSPORTER GAS	AUTHORIZATION TO TRANSP		AL GAS	
OPENATION	AUTHORIZATION TO TRACES			
PROBATION OFFICE				
Malian Oil Cort	poration			
McKay Oil Corp	poracion			
Address - 0 D 001	/ Pagrall Novi Mayi	co 88201		
P. O. Box 2016	<u>4, Roswell, New Mexic</u>	Other (Please	explain)	
Reason(s) for filing (Check proper box)				
New Well	Change in Transporter of:			
Recompletion	OII Dry Gor	一 一 一		
Change in Ownership	Caringheod Gas Conden	19 010		
If change of ownership give name				
and address of previous owner				
DESCRIPTION OF WELL AND L	FASE			Leone No.
Lease Name	1 4611 140.11 001 1 27	ountation	Kind of Lease	<b>i</b> -
	1 Undesignat	ed_Abo	State, Federal	or Fee Federal MM-22060
Sherri				
Location	O - Courth	1880	Feet From Th	e East
Unit Letter J : 198	O Feet From The South Lin	e and		
20	nahin 8S Range	22E , NMPM	. Ch	aves County
Line of Section 28 T m	nship 85 Range		<u></u>	
		c		
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	Andress /Give address	to which approve	ed copy of this form is to be sent)
Name of Authorized Transporter of Cli	cr Condensate	A36.633   0.00 ====	•	
1			and approx	ed copy of this form is to be sent)
Name of Authorized Transporter of Cas.	inghead Cas or Dry Gas X			
		P. O. Box 2521	, Houston	1
Transwestern Pipeline (	Unit Sec. Twp. Rge.	Is gas actually connect	ed? When	Unknown
If well produces oil or liquids,		No		UIRIOWII
give location of tanks.		aive commingling orde	r number:	
If this production is commingled wit	h that from any other lease or poor,	\$146 Commission P.		
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Res'v. Diff. Res'v
Designate Type of Completio		\ X \	į	
Designate Type of Company	In District Prod	Total Depth		P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	3233'		3193'
1-22-82	3-18-82		<del>,</del>	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay 2422'		2436'
OCCE OI	Abo	3		Depth Casing Shoe
	66, 68, 2603, 04, 10, 1 3	JSPF (.41")	0 1 (011)	3233'
2/30, 04, 05, 0			3-1/8)	J233
2413, 13, 14,	TUBING, CASING, AN	D CEMENTING RECOR	₹0	2500 250507
	CASING & TUBING SIZE	DEPTH \$	ET	SACKS CEMENT
HOLE SIZE	13-3/8''	95.68	1 	5 yds redi-mix
17½"	9-5/8"	852'		700 sx
12½''	9-3/6	3233'		325 sx
7-7/8''	4-1/2"	2436'		
	2-3/8''		une of load oil	and must be equal to or exceed top allo
. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	after recovery of total vol lepth or be for full 24 hour	s)	
OH WELL		Producing Method (Flo	w, pump, gas lij	ít, etc.)
Date First New Oil Run To Tonks	Dels of Test	7.5		
		Cosing Pressure		Choke Sixe
Length of Test	Tubing Pressure	Curry Freder		
				Gas-MCF
Actual Pred. During Test	O11-Bals.	Water-Bbla.		
Acted 1 10-10 in				
				•
				Gravity of Condensate
ASTUAL Frod. Tomi-MCF/D	Longth of Test	Bbls. Concensate/MM	SF	Clasify of Consensate
1	24 hrs			
133	Tubing Fresewe (Ehut-in)	Ceaing Fressure ( Ehr	t-12)	7/64"
Testing kiethod (pirot, back pr.)	462	462		7704
4 Pt. Back Pressure		ו ווח	CONSERVA	TION DIVISION
CERTIFICATE OF COMPLIAN	CE	11		
		ADDROVED		, 19
The security that the rules and	regulations of the Oil Conservation	n   Arrivoris		
I hereby certify that the rules and Division have been complied with	a and that the information given	. BY		
above is true and complete to th	e best of my knowledge and belief.	11		
•		TITLE		
_	n 11	- 11	- to Wed In	compliance with BULE 1104.
Sirvie S	11 H.			
Kinner X Sk	unul	- H this form ma	jet be accomp	wable for a newly cliff of the deviation
(Sin	noture)	tools taken on th	e well in acco	ordance with MULE 111.

All sections of this form must be filled out completely for alloable on new and recompleted wells. Fill out only Sections 1, 11, 111, and VI for changes of own well name or number, or transporter, or other such change of conditi

Separate Forms C-104 must be filed for each pont in not recorded wells.

CHETWIN STATES

BAHTA FE

## OIL CONSERVATION DIVISION P. O. BOX 2088

MECEIVED

SANTA FE, NEW MEXICO 87501

NOV 19 1982

	U.S.O.S.  LAND OFFICE  TRANSPORTER  OIL  OAS  OPERATOR		R ALLOWABLE ND PORT OIL AND NATU		C. D.	
1.	Operation OFFICE  Operation  McKay Oil Cor					
	P. O. Box 201	4, Roswell, New Mexi	co 88201	r ciulain)		
	Reason(s) for filing (Check proper box)  New Well  Recompletion	Change in Transporter of: Oil Dry Ga				
	Change in Ownership	Caxinghead Gas Conder	nsate	· · · · · · · · · · · · · · · · · · ·		
	and address of previous owner	FASE				
И.	DESCRIPTION OF WELL AND I	Well No. Pool Name, including	ed Abo	State, Federa	· ····Federal	M-22060
	Unit Letter J : 198	SO Feet From The South Lin	• and <u>1880</u>	Feet From	The East	
	Line of Section 28 T.	anship 8S Range	22Е , ммры	, Cl	naves	County
٠.	DESIGNATION OF TRANSPORT	cr Condensate	Address (Give address	to which appro-	ved copy of this form is	to be sent)
	Name of Authorized Transporter of Cos  Transwestern Pipeline		P. O. Box 2521	, Houston		
	If well produces oil or liquids, give location of tanks.	omt jee.	Is gas actually connect NO	<u> </u>	Unknown	
	If this production is commingled wit COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Re	es'v. Diff. Res
	Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth	1	P.B.T.D. 3193'	
	1-22-82 Lievations (DF, RKB, RT, GR, etc.) 3995' G.L.	3-18-82   Name of Producing Formation   Abo	Top Oil/Gas Pay 2422'		Tubing Depth 2436'	
	0550 (1 (5 (	56, 68, 2603, 04, 10, 1 J	74, <u>70, 1 0011 \</u>	3-1/8'')	Depth Casing Shoe	
		TUBING, CASING, AND	D CEMENTING RECOLUTE SECON		SACKS CE	MENT
	HOLE SIZE	CASING & TUBING SIZE	95.68		5 yds redi-	
	17½''	13-3/8"	852'	<u></u>	700 sx	
	12½''	9-5/8''	3233'		325 sx	
	7-7/8''	4-1/2" 2-3/8"	2436'  fier recovery of social vol	ume of load oil	and must be equal to or	exceed top all
-	TEST DATA AND REQUEST FOOL WELL    Date First New Oil Bun To Tonks	Date of Test	Producing Method (Flo	1)		
	Length of Test	Tubing Pressure	Casing Pressure	<del> </del>	Choke Sixe	
	Actual Pred. During Test	CII-Suls.	Vioter - Bbls.		Gas-MCF	
						•
	GAS WELL Actual Frod. Tout-MCF/D 133	Length of Test 24 hrs	Bbls. Condensate/MMC	CF	Gravity of Condensor	1.
	Teeting Method (piror, back pr.) 4 Pt. Back Pressure	Tubing Pressure (Shut-in) 462	Conting Finnews (Shu		7/64"	
	CERTIFICATE OF COMPLIAN	CE	11		TION DIVISION	
		regulations of the Oil Conservation and that the information given				. 19
	whove is true and complete to the	best of my knowledge and belief.	TITLE			
	.1	n / 1/-	The form is	o be filed in	compliance with nul	LE 1104.
	Lane & La	Amit	11	- 10 110	makin for a newly dri	Med or deaps:
	Sirvire & Schnett				enied by a tabulation briance with MULE 1	

Production Analyst

November 18, 1982

(Title)

well, this form must be accompenied by a tabulation of tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for alloable on new and recompleted wells.

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

Separate Forms C-104 must be filled for each pool in mule considered wells.