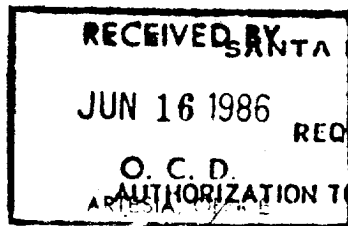


OIL CONSERVATION DIVISION

NO. OF COPIES DESIRED	
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SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NATURAL GAS	<input checked="" type="checkbox"/>
OPERATION	
PRODUCTION OFFICE	
Operator	



P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

McKAY OIL CORPORATION

Address P. O. Box 2014, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter oil ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change in Operator, effective 4-1-86

If change of ownership give name
and address of previous ownerTranswestern Pipe Supply Co.

DESCRIPTION OF WELL AND LEASE

Lease Name Middle Fork Federal	Well No. 1	Pool Name, including Formation West Pecos Slope Abo	Kind of Lease Federal	Lease State, Federal or Fee NM-32322-A
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>6-S</u> Range <u>23-E</u> , NMPM, <u>Chaves</u> Co.				

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 1188, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>8</u>
	Twp. <u>6-S</u>	Rge. <u>23-E</u>
	Is gas actually connected? <u>yes</u> When <u>2-8-83</u>	

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	Some Res'v.	Diff. R.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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
			<u>Post FD-3</u>
			<u>6-20-86</u>
			<u>Chas. Dp.</u>

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 of hole 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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Theresa Rodriguez
(Signature)Production Analyst
(Title)6-13-86
(Date)

OIL CONSERVATION DIVISION

JUN 17 1986

APPROVED _____, 19__

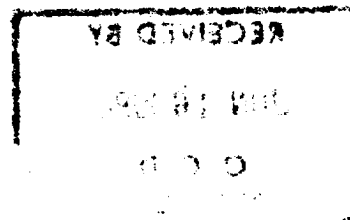
BY Les A. Clements
Original Signed ByTITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able 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.



RECEIVED BY
JUL 18 1951
C. C. C.