

OIL CONSERVATION DIVISION

P. O. BOX 2008

SANTA FE, NEW MEXICO 87501

RECEIVED BY

FEB 23 1987

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	

McKay Oil Corporation

Address  
Post Office Box 2014, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:  
Re-completion ☐ 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 Hosmer Federal	Well No. 1	Pool Name, including Formation West Pecos Slope Abo	Kind of Lease Federal	Lease No. State, Federal or Fee NM-36192-A
Location Unit Letter M : 380 Feet From The West Line and 1307' Feet From The South				
Line of Section 13 Township 6S 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
NM Gas Marketing, Inc.	Post Office Box 2014, Roswell, NM 88201	
If well produces oil or liquids, give location of tanks.	Unit G Sec. 36 Twp. 6S Rge. 22E	Is gas actually connected? When yes 1-22-87

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res. <input type="checkbox"/>		
Date Spudded 10-11-86	Date Compl. Ready to Prod. 1-13-87	Total Depth 3400'	P.B.T.D. 3205'
Elevations (DF, RKB, RT, GR, etc.) 4185' GL	Name of Producing Formation Abo	Top Oil/Gas Pay 2864.5	Tubing Depth 2773'
Perforations 2864.5 - 3225			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	897'	400 sx's.
7 7/8"	4 1/2"	3290'	300 sx's., top of 4 1/2"
	2 3/8"	2773'	cmt. w/300 sx's.

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 oil able 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.) Post ID-2 2-27-87 Comp 4 BK	
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 460	Length of Test 1 hr.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 800	Casing Pressure (Shut-in) 800	Choke Size 5/64

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.

Theresa Rodriguez  
(Signature)

Production Analyst

(Title)

February 19, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 26 1987

BY Original Signed By  
Mike Williams

TITLE Oil & Gas Inspector

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 deviate tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of condition. This form is to be filed for each pool in multi-