

OIL CONSERVATION DIVISION

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MAR 20 1987
O. C. D.
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
MCKAY OIL CORPORATIONAddress
Post Office Box 2014, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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	Federal	Lease No.
Four Mile Draw Federal	7	West Pecos Slope Abo	State, Federal or Fee	NM-36193	

Location
Unit Letter K : 1980 Feet From The West Line and 1980 Feet From The South

Line of Section 15 Township 6S Range 22E, NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
New Mexico Gas Marketing, Inc.		Post Office Box 2014, Roswell, New Mexico 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	2-17-87

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Re-
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-25-86	1-20-87	3400'	3345'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4311' GL	Abo	2822	2776'					
Perforations			Depth Casing Shoe					
2822.5, 2824.5, 2826.5, 2828.5, 2830.5, 2832.5, 2834.5, 2836.5, 2838.5, 2840.5, 2842.5, 2844.5, 2846.5, 2848.5, 2850.5, 2852.5, 2854.5, 2856.5, 2858.5, 2860.5, 2862.5, 2864.5, 2866.5, 2868.5, 2870.5, 2872.5, 2874.5, 2876.5, 2878.5, 2880.5, 2882.5, 2884.5, 2886.5, 2888.5, 2890.5, 2892.5, 2894.5, 2896.5, 2898.5, 2900.5, 2902.5, 2904.5, 2906.5, 2908.5, 2910.5, 2912.5, 2914.5, 2916.5, 2918.5, 2920.5, 2922.5, 2924.5, 2926.5, 2928.5, 2930.5, 2932.5, 2934.5, 2936.5, 2938.5, 2940.5, 2942.5, 2944.5, 2946.5, 2948.5, 2950.5, 2952.5, 2954.5, 2956.5, 2958.5, 2960.5, 2962.5, 2964.5, 2966.5, 2968.5, 2970.5, 2972.5, 2974.5, 2976.5, 2978.5, 2980.5, 2982.5, 2984.5, 2986.5, 2988.5, 2990.5, 2992.5, 2994.5, 2996.5, 2998.5, 3000.5								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	907'	300 sxs.
7 7/8"	4 1/2"	3383'	300 sxs., top of 4 1/2"
			cmt. w/300 sxs.
	2 3/8"	2776'	

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.)	
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
2314	4 hrs.		
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
4 pt. back	768	766	15/64

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)

March 19, 1987

(Date)

OIL CONSERVATION DIVISION

MAR 23 1987

APPROVED _____, 19

Original Signed By
BY Les A. Clements

TITLE 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 wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition. Form C-104 must be filed for each pool in multi-

NEW MEXICO GAS MARKETING, INC.

P. O. Box 2014
Roswell, New Mexico 88202

(505) 623-4735

March 19, 1987

RECEIVED BY

MAR 20 1987

O. C. D.
ARTESIA OFFICE

Oil Conservation Division
Post Office Drawer DD
Artesia, New Mexico 88210

Re: Purchase of Gas Production

Gentlemen:

Please be advised that New Mexico Gas Marketing, Inc. has commenced the purchase of gas production from wells operated by McKay Oil Corporation as follows:

- | | |
|------------------------------|-----------|
| 1. Hosner Federal #4 | 2-17-87 |
| SE/4 Section 13-6S-22E | |
| 2. Four Mile Draw Federal #5 | 2-16-87 |
| NW/4 Section 14-6S-22E | |
| 3. Four Mile Draw Federal #6 | 2-16-87 |
| NE/4 Section 14-6S-22E | |
| 4. Four Mile Draw Federal #7 | 2-17-87 ✓ |
| SW/4 Section 15-6S-22E | |
| 5. Four Mile Draw Federal #8 | 2-12-87 |
| NW/4 Section 15-6S-22E | |

All of the above wells are located in Chaves County, New Mexico. We request that this information be kept "CONFIDENTIAL".

Yours very truly,

MCKAY OIL CORPORATION

Theresa Rodriguez

Theresa Rodriguez
Production Analyst

Enclosures