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OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501
MAY -8 1987
O. C. D. REQUEST FOR ALLOWABLE
AND
ARTESIAN OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

McKay Oil Corporation

Address

P.O. Box 2014, Roswell, N.M. 88202

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
L.L. & E Federal	1	W. Pecos Slope-Abo	State, Federal or Fee	Federal NM-32308
Location				
Unit Letter	O	1650 Feet From The East Line and	660 Feet From The South	
Line of Section	12	T. Township	6 South	Range 22 East, NMPM, Chaves 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
N.M. Gas Marketing, Inc.	P.O. Box 2014, Roswell, N.M.
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 36 6S 22E
Is gas actually connected?	When
Yes	5-1-87

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'v.	Diff. R
		X	X				X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12/31/86	2/28/87	3400'	3312'					
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4154' GR	Abo	2833'	2860'					
Perforations	2833-2845' (09 shots); 2949.5-2957' (06 shots)			Depth Casing Shoe				
				3380'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	912'	1840 sx (Circulated)
7 7/8"	4 1/2"	3380'	575 sx (Circulated)

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
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
1365	4 hours	--	--
Testing Method (prior, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
back pr.	977	977	--

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)4/23/87
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 11 1987, 19
BY Original Signed 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 deviat
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 condit

Separate Form C-104 must be filed for each pool in multi