

NO. OF OFFICE DESIGNED	
DISTRIBUTION	
DATE MADE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
JUL -1 1987
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA, OFFICE AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

McKay Oil Corporation

Address
P.O. Box 2014, Roswell, New Mexico 88202

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Production <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Exchange of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Remmele Fed. Comm.	Well No. 13	Pool Name, Including Formation W. Pecos Slope-Abo	Kind of Lease State, Federal or Foreign Federal NM-36195
Location Unit Letter <u>I</u> <u>952</u> Feet From The <u>East</u> Line and <u>2310</u> Feet From The <u>South</u>			
Line of Section <u>27</u> Township <u>6 South</u> Range <u>22 East</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)
New Mexico Gas Marketing, Inc.	P.O. Box 2014, Roswell, N.M. 88202
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>I</u> Sec. <u>27</u> Twp. <u>6S</u> Rgs. <u>22E</u>	Yes <u>6/15/87</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	Same Res'v.	Diff. Rv.
		X	X				X	
Date Spudded <u>2/28/87</u>	Date Compl. Ready to Prod. <u>5/29/87</u>	Total Depth <u>3400'</u>	P.B.T.D. <u>3138'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4248'</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>2796.5'</u>	Tubing Depth <u>2740'</u>					
Perforations <u>2796.5-2811.5 (11); 2815-2821 (5); 2836-2837.5 (2)</u>		2922.5-2932.5 (7); 3013.5-3027 (10)		Depth Casing Shoe <u>3224'</u>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>937'</u>	<u>685 SX</u>					
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>3224'</u>	<u>575 SX</u>					
<u>4 1/2"</u>	<u>2 3/8"</u>	<u>2740'</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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		<u>Post ID-2</u> <u>7-10-87</u> <u>comp + BK</u>	
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 <u>1740 (CAOF)</u>	Length of Test <u>24 hours</u>	Bbls. Condensate/MMCF <u>--</u>	Gravity of Condensate <u>--</u>
Testing Method (pilot, back pr.) <u>back pr.</u>	Tubing Pressure (Shut-in) <u>976 psi</u>	Casing Pressure (Shut-in) <u>978 psi</u>	Choke Size <u>--</u>

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)
6/18/87

OIL CONSERVATION DIVISION

JUL 7 1987

APPROVED _____, 19____
Original Signed By
BY Gas A. Clamans
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 deep well, this form must be accompanied by a tabulation of the device 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.
This form only Sections I, II, III, and VI for changes of op

