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LAND OFFICE
TRANSPORTER
OPERATOR
PRODUCTION OFFICE
Operator

RECEIVED BY
JUN 13 1986
O. C. D.
ARTESIA, CONSERVATION

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 of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) *Confidential*

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name
Remmele Federal

Well No.
5

Pool Name, including Formation
West Pecos Slope Abo

Kind of Lease
Federal

State, Federal or Fee
NM-36195

Location
Unit Letter
N
1980
Feet From The
West
Line and
660
Feet From The
South
Line of Section
25
Township
6-South
Range
22-East
NMPM,
Chaves
County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
El Paso Natural Gas Company
P. O. Box 1492, El Paso, TX 79978
If well produces oil or liquids,
give location of tanks.
Unit
G
Sec.
36
Twp.
6-S
Rge.
22-E
Is gas actually connected?
yes
When
5-23-86

COMPLETION DATA

Designate Type of Completion - (X)
Oil Well
Gas Well ☒
New Well ☒
Workover
Deepen
Plug Back
Same Res.v.
Diff. Re

Date Spudded
3-31-86
Date Compl. Ready to Prod.
5-22-86
Total Depth
3392'
P.B.T.D.
3293'
Elevations (DF, RKB, RT, GR, etc.)
4196' GL
Name of Producing Formation
Abo
Top Oil/Gas Pay
2882'
Tubing Depth
2835'
Perforations
2882', 2908', 3005, 07, 09, 11, 13, 15, 17, 3177, 81, 83
Depth Casing Shoe

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	886'	150 sx. + 150 sx.
7 7/8"	4 1/2"	3347'	300 sx., top of
	2 3/8"	2835'	4 1/2" cmt.w/300 sx.

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 allowable 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

Post ID-2
6-27-86
comp & BK

GAS WELL

Actual Prod. Test-MCF/D
11,494
Length of Test
4 hrs.
Bbls. Condensate/MMCF
Gravity of Condensate
Testing Method (prior, back pr.)
4 pt. back pressure
Tubing Pressure (Shut-in)
900#
Casing Pressure (Shut-in)
910#
Choke Size
64/64

CERTIFICATE OF COMPLIANCE

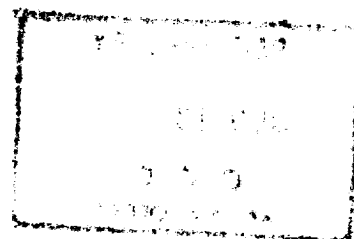
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Shari Hamilton
(Signature)
Agent
(Title)
May 27, 1986
(Date)

OIL CONSERVATION DIVISION
JUN 24 1986

APPROVED
BY
TITLE
Original Signed By
Les A. Clements
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 able 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 Forms C-104 must be filed for each pool in multi-completed wells.



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