

OIL CONSERVATION DIVISION

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REQUEST FOR ALLOWABLE AND
TRANSPORTATION TO TRANSPORT OIL AND NATURAL GAS

Confidential

McKay Oil Corporation

P. O. Box 2014, Roswell, NM 88201

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of Oil Dry Gas

Recompletion Oil Condensate

Change in Ownership Casinghead Gas

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	Lease 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
Cour				

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. 88201
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge. G 36 6-S 22-E	yes 5-23-86

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. Res'v.
		X	X					
Date Spudded 3-31-86	Date Compl. Ready to Prod. 5-22-86	Total Depth 3392'	P.B.T.D. 3293'					
Elevations (DF, RKB, WT, CR, 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								

TUBING, CASING, AND CEMENTING RECORD

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 of hole 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.)	Choke Size
			Post FP-2 6-27-86 comp + BK
Length of Test	Tubing Pressure	Casing Pressure	Gas-MCF
			Post FP-3 12-12-86 chg FT: EPN
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test MCF/D 11,494	Length of Test 4 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (spiral, 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

OIL CONSERVATION DIVISION
JUN 24 1986

APPROVED _____

BY Les A. Clements
Supervisor District II

TITLE _____

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.
Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.