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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico ergy, Minerals and Natural Resources Depart

RECEIVED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Pag MAY - 6 1992

DISTRICT II P.O. Drawer I

## OIL CONSERVATION DIVISION P.O. Box 2088

O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088				O. C. D.				
ISTRICT III XXX Rio Brazos Rd., Aztec, NM 87410						SHE WEEKUN			
AU AU DIEUS RU, MACC, HIN 61410	REQUEST FOR								
•	TO TRANS	SPORT OIL	AND NAT	JHAL GA	S Twan M	I No.		<del></del>	
Operator  Makara Odil Corporati	on			i			005-62883		
McKay Oil Corporati									
Address Post Office Box 201	4. Roswell. NM	88201							
Reason(s) for Filing (Check proper box)	.,,		Other	(Please explai	n)				
New Well	Change in Tra	asporter of:							
Recompletion	Oil 🔲 Dr	•							
Change in Operator	Casinghead Gas 🗓 Co	ondensate							
f change of operator give name nd address of previous operator									
	ANDICACE	-							
I. DESCRIPTION OF WELL. Lease Name	g Formation Kind of								
S. 4 Mile Draw	Well No.   Po   #12		Slope Abo State, F			NM-36	194		
Location	2180						D +		
Unit Letter H	: 1980 Fe	et From The	North Line	and66	00 Fee	t From The	East	Line	
			Cha			eves <b>County</b>			
Section 23 Townshi	p 6S R	ange 22E	, NM	PM,	CII	1 1 2 3		County	
W DECIGNATION OF TRAN	ICDUDATED VE VII	AND NATII	RAL GAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	or Condensal	* []	Address (Give	address 10 wh	ich approved	copy of this form	n is to be se	ત્ય)	
Trailer of transferrence transferrence of our									
Name of Authorized Transporter of Casin	ghead Gas X 01	r Dry Gas	Address (Give	address to wh	ich approved	copy of this form	n is to be set	rd) 11	
New Mexico Gas Marketi	ing, Inc.					oswell, N	ri 602(		
If well produces oil or liquids,	Unit S∞. T	ls gas actually connected? When ? Yes			9 4-6-92				
give location of tanks.						, 0 72			
If this production is commingled with that  IV. COMPLETION DATA	from any other lease or po-	or, give commungi	mg older numb	<del></del>					
IV. COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back  S	ame Res'v	Diff Res'v	
Designate Type of Completion			<u> </u>			<u></u>			
Date Spudded	Date Compl. Ready to P		Total Depth	n 1		P.B.T.D. 3190'			
1-28-92	2-29-92		3250 ' Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	2824			Tubing Depth 2783'				
4177 Perforations 2824 2825 2	Abo 2020 2020	2022 20		5. 2837	.5.	Depth Casing			
2824, 2825, 28 2824, 2825, 28	826, 2828, 2830 862 5 2864 28	, 2033, 20 65, 2866	J7, 2000	.5, 2007	· <del>-</del> ,				
2849, 2850, 2861.5, 2	TUBING. (	CASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4"		8 5/8"		1019'			200 sxs + 150 sxs		
7 7/8"			3223'			275 sxs			
							Sent ID-2 5-23-9		
		ni r	<u></u>			1		-23-7	
V. TEST DATA AND REQUE	ST FOR ALLOWA	BLE Clark off and more	t he equal to a	exceed ton all	lowable for th	is depth or be fo			
OIL WELL (Test must be after	recovery of total volume of	100a ou and mus	Producing Mi	ethod (Flow, p	ump, gas lift,	eic.)	,	· · · · · · · · · · · · · · · · · · ·	
Date First New Oil Run To Tank	Date of Test		,	,. = . <b>r</b>				·	
Length of Test	Tubing Pressure		Casing Press	Casing Pressure			Choke Size		
Triggi of 10m	. and and .								
Actual Proc. During Test	Oil - Bbls.		Water - Bbis	•		Gas- MCF			
					<del></del>	1			
GAS WELL	<u> </u>								
Actual Prod. Test - MCF/D	Length of Test	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate		
157	4 hrs		× 10 10 10 10 10 10 10 10 10 10 10 10 10		<del></del>		<del></del>		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-	Casing Pressure (Shut-in)			Choke Size				
flow test	148		300						
VI. OPERATOR CERTIFI	CATE OF COMP	LIANCE			NCEDA	'ATION I	אופועור	ON	
I hereby certify that the rules and reg	gulations of the Oil Conserv	/ation		OIL CO	ころにエス	AHONI	ווטועוע	OI V	
Division have been complied with and that the information given above			Data Approved MAY 7 1992						
is true and complete to the best of my knowledge and belief.			Date Approved						
							:		
Theresa Modriques			By ORIGINAL SIGNED BY						
Signature Theresa Rodriguez	Production A		MIKE WILLIAMS						
Printed Name		Title	Title SUPERVISOR, DISTRICT IF						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

May 5.

Date

1992

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.