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District II
O Drawer DD, Artesia, NM 88211-0719
District III
000 Rio Brancos Rd., Aztec, NM 87410
District IV
O Box 2082, Santa Fe, NM 87504-2082

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address McKay Oil Corporation P.O. Box 2014 Roswell, NM 88201		OGRID Number 014424
		Reason for Filing Code NW
API Number 30 - 00563154 ✓	Pool Name West Pecos Slope Abo	Pool Code 82740
Property Code 21675	Property Name South Four Mile Draw "B" Fed	Well Number 11

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	22	6S	22E	NE/4SW/4	2058	South	2058	West	Chaves

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	22	6S	22E	NE/4SW/4	2058	South	2058	West	Chaves
Lee Code F	Producing Method Code F	Gas Connection Date 10-1-98	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
015834	Abo Gas Gathering P. O. Box 2014 Roswell, NM 88201	2828009	G	

IV. Produced Water

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date 8-9-98	Ready Date 10-1-98	TD 3000'	PBTD 2992'	Perforations 450-451
Hole Size 11"	Casing & Tubing Size 8 5/8"	Depth Set 945	Sacks Cement 300 sx Class C Circ.	
	4 1/2"	2992	270 sx Class C	

VI. Well Test Data

Date New Oil	Gas Delivery Date 10-1-98	Test Date N/A	Test Length N/A	Tbg. Pressure 495	Csg. Pressure 495
Choke Size 24/64	Oil	Water	Gas 289	AOF N/A	Test Method F

I hereby certify that the rules 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.

Signature: *Bill J. Milstead*

Printed name: Bill J. Milstead

Title: VP - Land & Legal

Date: 1-19-99

Phone: 505-623-4735

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

Title:

Approval Date:

MAR - 1 2001

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

New Mexico Oil Conservation Division
C-104 Instructions

THIS IS AN AMENDED REPORT. CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

Sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filled for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

Operator's name and address

Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

Reason for filling code from the following table:

NW	New Well
RC	Recompletion
CH	Change of Operator
AO	Add oil/condensate transporter
CO	Change oil/condensate transporter
AG	Add gas transporter
CG	Change gas transporter
RT	Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.

The API number of this well

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

2. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the OCD unit letter.

3. The bottom hole location of this completion

4. Lease code from the following table:

F	Federal
S	State
P	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe

5. The producing method code from the following table:

F	Flowing
P	Pumping or other artificial lift

6. MO/DA/YR that this completion was first connected to a gas transporter

7. The permit number from the District approved C-129 for this completion

8. MO/DA/YR of the C-129 approval for this completion

9. MO/DA/YR of the expiration of C-129 approval for this completion

10. The gas or oil transporter's OGRID number

11. Name and address of the transporter of the product

12. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.

13. Product code from the following table:

O	Oil
G	Gas

22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)

23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.

24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)

25. MO/DA/YR drilling commenced

26. MO/DA/YR this completion was ready to produce

27. Total vertical depth of the well

28. Plugback vertical depth

29. Top and bottom perforation in this completion or casing shoe and TD if openhole

30. Inside diameter of the well bore

31. Outside diameter of the casing and tubing

32. Depth of casing and tubing. If a casing liner show top and bottom.

33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

34. MO/DA/YR that new oil was first produced

35. MO/DA/YR that gas was first produced into a pipeline

36. MO/DA/YR that the following test was completed

37. Length in hours of the test

38. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells

39. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells

40. Diameter of the choke used in the test

41. Barrels of oil produced during the test

42. Barrels of water produced during the test

43. MCF of gas produced during the test

44. Gas well calculated absolute open flow in MCF/D

45. The method used to test the well:

F	Flowing
P	Pumping
S	Swabbing

If other method please write it in.

46. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report

47. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person