District I PO Box 1980, Hobbs, NM 88241-1980

District II

State of New Mexico
Energy, Minerals & Natural Resources Departm

Form C-104
Revised February 10, 1994
Instructions on back
Appropriate District Office Copies

PORT

PO Drawer DD, Artesia, NM 88211-07 District III 1000 Rio Brazos Rd., Aztec, NM 87410			•		P	O Box 208	EVATION DIVISION Box 2088 NM 87504-2088				Submit to Appropriate District (
District IV PO Box 2088, Santa I	Fe, NM 875	04-2088									□ A	MENDED RE		
I.	REQ	UEST	FOR	ALLO	WABL	E AND A	UTHO	RIZA	ΠΟΝ Τ	O TR	ANSPO	RT .		
McKay Oil Corporation							² OGRID Number 014424							
PO Box 201 Roswell NM	2-201	4								Reason for Filing Code				
	2 201	· · · · · · · · · · · · · · · · · · ·						New Well						
'AFI Number 30 - 0 05-63175			Pool Name							' Pool Code				
	⁷ Property Code			Pecos Slope Abo (West) 'Property Name							82740			
21675			South Four Mile Draw "B" Fod								4	Well Number		
II. 10 Surfa	ice Loca	ation	12											
	iowasa,			Lot.Ida	Fe	et from the	from the North/South Line			the	East/West line	County		
B 24	B 24 6S Bottom Hole Lo		22E			600	00 North				East	Chaves		
UL or lot no. Section		nship	Range	Lot Ide	p F	et from the	N - 1 16							
B 24			22E			600	North/South line North		Feet from 1958	- 1	East/West line East			
1 1	ducing Met	hod Code	14 G4	o Connection	a Date	15 C-129 Pers	_1		C-129 Effe			Chaves		
F F III. Oil and Ga	a Tean		L									120 Exhitation Di		
Transporter	as ITalis		Supporter	Name	-	18 pc	n 1	11 0 0						
	OGRID and Address						¹⁰ POD			22 POD ULSTR Location and Description				
015834	s Gati 2014	herir	ng		28290	1819044 G			2022					
	2-2014				3621			2323031						
									/.	\(\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\fr	<u>^</u>	A G		
Separation of the second									and Description					
										<u></u>	19/50	7 89		
Market State Section									/	701	ARIES IA			
										7.E.	Z/I DI ON PO	18/20		
						:					Taldia			
V. Produced W	Vater													
²³ POD						[™] POD ULS	TR Locatio	a and Des	cription					
. Well Comple	ation D													
Spud Date	enon Da		Ready Da	ile	7	r TD								
02/08/99				-	308					PBTD "Perforations 2792–2808				
³⁶ Hole Size			³¹ C	asing & Tu	bing Size		32 Depth Set			¹³ Sacks Cement				
12 1/4"			578"	·-·		934	934'				200 Sxs Lite 200 Sx			
7 7/8"			1 (0)								Class "C"			
7 7/0			1/2"			306	3065'				275 Sxs Class "C"			
I. Well Test D	ata													
M Date New Oil		Delivery	Date	ж	Test Date	1 77	.							
	5/12/99			N/A			" Test Length N/A			Tog. PressureCag. Pressur427427				
"Choke Size 8/64"		41 Oil	Oil a				⁴³ Gas		" AOF			Test Method		
hereby certify that the rules of the Oil Com			etica Div	1.1.		NY #	WE/6			N/A F				
th and that the information owledge and betief.	n given abov	e is true an	ad comple	ete to the be	een complie st of my		OIL	CONS	FRVAT	יוחאי	DIVICIO	NAT.		
nature:	OIL CONSERVATION DIVISION ORIGINAL SIGNED BY TIM W. GUM													
nted name: Tricia	Title:													
le:	-	Approval Date:												
Production Analyst 2/29/2001 Phone:505.623.4735						╢					JUN 1 9 2901			
f this is a change of ope	rator fill in					rvious operator								
	perator Sign						<u>-</u>							
	•					Printed N	Line			7	itle	Date		

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "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.

All 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 filed for each pool in a multiple completion.

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

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing 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)

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

4. The API number of this well

- 5 The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- 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 er lot no.' box. Otherwise use the OCD unit letter. 10.
- The bottom hole location of this completion 11.
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla 12

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table:

 F Flowing
 Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14.
- 15. The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- 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. 20.
- Product code from the following table: O Oil G Gas 21

- 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.) 22.
- 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. 23.
- 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.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 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
- Outside diameter of the casing and tubing 31.
- 32. Depth of casing and tubing. If a casing liner show top and
- 33. Number of sacks of cament 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.

- MO/DA/YR that new oil was first produced 34
- MO/DA/YR that gas was first produced into a pipeline 35.
- 36. MO/DA/YR that the following test was completed
- **37**. Length in hours of the test
- Flowing tubing pressure oil welle Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39
- 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:

Flowing Pumping Swabbing

If other method please write it in.

- 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 46.
- 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 47