

DATE RECEIVED	
DIVISION	
DATE	
BY	
OFFICE	
TRANSPORTER	
OIL	
GAS	
FORMATION	
LOCATION OFFICE	
STREET	

RECEIVED BY
SANTA FE, NEW MEXICO 87501

JUN 12 1987

O. C. D. REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

McKay Oil Corporation

P.O. Box 2014, Roswell, N.M. 88202

Reason(s) for filing (Check proper box)

Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Completion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Range of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Remmele Federal	12	W. Pecos Slope-Abo	State, Federal or Foreign	NM-36195

Location
Unit Letter D : 660 Feet From The North Line and 890 Feet From The WestLine of Section 27 Township 6 South Range 22 East , NMPM, Chaves County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
N.M. Gas Marketing, Inc. P.O. Box 2014, Roswell, N.. 88202

Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	36	6S	22E	YES	5-22-87

If its 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.
		X	X				X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1/30/87	3/16/87	3400'	2942'					
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4214' GR	Abo	2714'	2645'					
Iterations	Depth Casing Shoe							
2714-2732' (4 shots); 2840-2844.5' (4 shots); 2848.5-2856 (6 shots)	3030'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	915'	650 sx (Circulated)
7 7/8"	4 1/2"	3030'	575 sx (Circulated)
4 1/2"	2 3/8"	2645'	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Total Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

TEST WELL

Total Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1762 (CAOF)	5 hours		
Producing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pr.	662	660	

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 is true and complete to the best of my knowledge and belief.

Theresa Rodriguez
(Signature)
Production Analyst(Title)
4/24/87

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 19 1987, 19_____
BY Original Signed By
Les A. Clements
TITLE 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 deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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. Separate Form C-104 must be filed for each pool in multi-

