

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Kenai Oil and Gas, Inc.	
Address 1001 Petroleum Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) CASINGHEAD GAS MUST NOT BE PLACED AFTER 12/1/80 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

If change of ownership give name and address of previous owner _____ THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. R-6576

II. DESCRIPTION OF WELL AND LEASE

Lease Name McNeil	Well No. 1	Pool Name, including Formation Nadine Drinkard - Abo	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>27</u> Township <u>19S</u> Range <u>38E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> P & O Falco	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Shreveport, La. 71161			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>27</u>	Twp. <u>19S</u>	Rge. <u>38E</u>
	Is gas actually connected?		When	
	<u>No</u>			

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 7-8-80	Date Compl. Ready to Prod. 9-24-80		Total Depth 7800		P.B.T.D. 7758'			
Elevations (DF, RKB, RT, GR, etc.) 3602' KB	Name of Producing Formation Nadine Drinkard		Top Oil/Gas Pay 7727		Tubing Depth 7000'			
Perforations 5987-6008, 6697-6735, 7727-28 & 7724-25, 7538-7558, 7648-7727					Depth Casing Shoe 7800			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-7/8	7-5/8		4354		1240 Howco Lite			
6-1/2	4-1/2		7800		730 CL "C"			
- -	2-3/8		7000		--			

VI. 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 allowable for this depth or be for full 24 hours)

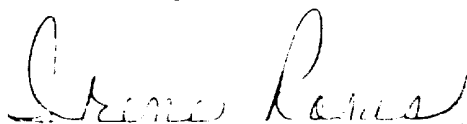
Date First New Oil Run To Tanks 8-1-80	Date of Test 9-24-80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure --	Casing Pressure 650	Choke Size -
Actual Prod. During Test 24	Oil - Bbls. 15	Water - Bbls. 34	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VII. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



(Signature)

Drilling & Production Assistant

(Title)

10-22-80

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE SUPERVISOR

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 deviation 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 Forms C-104 must be filed for each pool in multiple

WELL NAME & NUMBER McNeal 1

LOCATION 660 FN & EL, Sec 27, T 19 S, R 38-E
(Give Unit, Section, Township and Range)

OPERATOR Kenai Oil & Gas, 1001 Petroleum Bldg., Midland, Texas 79701

DRILLING CONTRACTOR Kenai Drilling of Texas, Inc., P. O. Box 6725, Odessa, Texas 79762

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
<u>1/4 113</u>	<u>2 5699</u>	<u> </u>	<u> </u>
<u>1/4 760</u>	<u>1 5788</u>	<u> </u>	<u> </u>
<u>1 1775</u>	<u>1 5838</u>	<u> </u>	<u> </u>
<u>1/4 2200</u>	<u>1 1/2 6113</u>	<u> </u>	<u> </u>
<u>1/4 2505</u>	<u>1 1/2 6390</u>	<u> </u>	<u> </u>
<u>1/4 2800</u>	<u>2 6638</u>	<u> </u>	<u> </u>
<u>1/2 3290</u>	<u>2 6977</u>	<u> </u>	<u> </u>
<u>3/4 3580</u>	<u>4 1/2 7286</u>	<u> </u>	<u> </u>
<u>3/4 4062</u>	<u>2 7340</u>	<u> </u>	<u> </u>
<u>3/4 4354</u>	<u>2 7492</u>	<u> </u>	<u> </u>
<u>3/4 4792</u>	<u>3 1/4 7800</u>	<u> </u>	<u> </u>
<u>3/4 5073</u>	<u> </u>	<u> </u>	<u> </u>
<u>3/4 5389</u>	<u> </u>	<u> </u>	<u> </u>

Drilling Contractor Kenai Drilling of Texas, Inc.

By *R. A. Smith*
R. A. Smith--Drilling Engineer

Subscribed and sworn to before me this 4th day of September, 1980

Barbara J. LaGrone
Notary Public Barbara J. LaGrone

My Commission Expires 8-22-81

Ector County Texas