

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

NM Oil Conservation Commission
Drilling Instruction (Appendix A)

Form approved
Budget Bureau No. 1004-1
Expires August 31, 1985

CLSF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

5. LEASE DESIGNATION AND SERIAL
NM-32322A
6. IF INDIAN, ALLOPHONE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Middle Fork Fed.
9. WELL NO.
#2
10. FIELD AND POOL OR WILDCAT
W. Pecos Slope Abo
11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA
Sec. 8-6S-23E
12. COUNTY OR PARISH
Chaves
13. STATE
NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
McKay Oil Corporation

3. ADDRESS OF OPERATOR
Post Office Box 2014, Roswell, New Mexico 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

1980' FWL & 1650' FSL

MAR 07 '89

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, CR, etc.)
4178' GW
MESA OFFICE

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

1. STOP WATER SHUT OFF
2. FRACTURE TREAT
3. SHOOT OR ACIDIZE
4. REPAIR WELL
5. OTHER: NTL-2B
6. PULL OR ALTER CASING
7. MULTIPLE COMPLETE
8. ABANDON *
9. CHANGE PLANS

SUBSEQUENT REPORT OF:

1. WATER SHUT OFF
2. FRACTURE TREATMENT
3. SHOOTING OR ACIDIZING
4. OTHER
5. REPAIRING WELL
6. ALTERING CASING
7. ABANDONMENT *

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. GENERAL PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Contained in fiberglass tank. Disposal by evaporation or trucked to disposal site.

18. I hereby certify that the foregoing is true and correct

SIGNED: [Signature]
(This space for Federal or State office use)

TITLE: Operations Supervisor

DATE: 12-26-88

APPROVED BY:
CONDITIONS OF APPROVAL, IF ANY:

TITLE:

APPROVED
PETER W. CHESTER
DATE
MAR 6 1989
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side