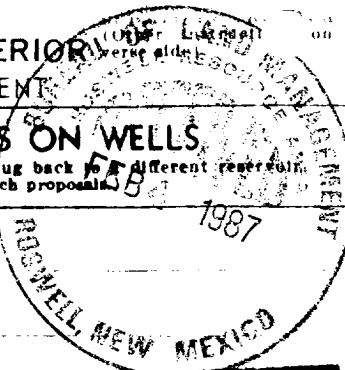


NM Oil Cons. Commis  
Drawer DD  
Artesia, NM 88210

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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-32311  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Inexco Federal  
9. WELL NO.  
6  
10. FIELD AND POOL OR WILDCAT  
W. Pecos Slope-Abo  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 19, T5S, R22E  
12. COUNTY OR PARISH  
Chaves  
13. STATE  
N.M.

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

McKay Oil Corporation

3. ADDRESS OF OPERATOR

P.O. Box 2014, Roswell, New Mexico 88203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.  
At surface

990' FWL & 990' FSL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, ARTESIA, OFFICE)

4275' GR

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

NOTICE OF INTENTION TO

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRAC TURE TREAT

MULTIPLE COMPLETION

ABANDON WELL

ABANDON\*

CHANGE PLANS

CHANGE PLANS

Proposed Access Road

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRAC TURE TREATMENT

SHOOTING OR ABRADING

COMPLETION

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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

17. HAS THIS OPERATOR OR COMPLETED OPERATIONS (If any) STATE ALL PERTINENT DETAILS, AND GIVE PERTINENT DATES, INCLUDING ESTIMATED DATE OF STARTING AND PROJECT WORK. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.\*

Operator proposes to construct a new access road 14' wide by approximately 235' in length as displayed on the enclosed topographic map.

The 2900' of existing road will be bladed and compacted using sand and gravel for a base.

The enclosed topographic map displays the surface ownership on the proposed access road.

An archaeological survey of the new access road and existing access road was conducted by ACA-ENMU, under report #F87-140.

Operator-Landowner Agreement for existing access road in NW/4, Sec. 30, covered under Inexco Federal No. 4 location.

3/27/87  
3w? Caliche pit for pad & access road, SE/4 sec. 36-55-21E (State)

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

SIGNED

Jerry W. Franklin

TITLE

Landman

DATE 2/3/87

(This space for Federal or State office use)

APPROVED BY

S/Phil Kirk

TITLE

Area Manager

DATE

MAR 4 1987

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



Lease No: NM-32311 Well Name and No. Inexco Federal #6  
Subdivision: SW/4 SW/4 Section: 19 T.5S R.22E, NMPM  
County: Chaves State: New Mexico  
McKay Oil Corporation intends to drill a well on surface owned by  
Bertha C. Miller. The lessee/operator

agrees to complete the following rehabilitation work if the well  
is a producer:

☒ Yes ☐ No Maintain access road and provide adequate  
drainage from road.  
☒ Yes ☐ No Reshape and seed any area not needed for  
maintenance of the production facilities.

Other requirements: This form covers existing access road in  
the NW/4 NW/4, Sec. 30, T5S, R22E.(1500' road)

The following work will be completed when the well is abandoned  
or dry hole:

#### WELL LOCATION

☐ Yes ☐ No Pit will be fenced until dry, then filled  
to conform to surrounding topography.  
☐ Yes ☐ No Water bars will be constructed as deemed  
necessary.  
☐ Yes ☐ No Site will require reshaping to conform to  
surrounding topography.  
☐ Yes ☐ No Entire disturbed area will be seeded with  
the following seed mixture: \_\_\_\_\_

#### ACCESS ROAD

☐ Yes ☐ No Access road will be closed, rehabilitated  
and seeded using the same mixture as above.  
☐ Yes ☐ No Water bars will be constructed on the  
access road as deemed necessary.

Other requirements: \_\_\_\_\_

| <u>SURFACE OWNER</u> |                         | <u>OPERATOR/LESSEE</u> |                        |
|----------------------|-------------------------|------------------------|------------------------|
| Name:                | <u>Bertha C. Miller</u> | Names:                 | <u>McKay Oil Corp.</u> |
| Address:             | <u>P.O. Box 8</u>       | Address:               | <u>P.O. Box 2014</u>   |
| City:                | <u>Roswell</u>          | City:                  | <u>Roswell</u>         |
| State:               | <u>New Mexico</u>       | State:                 | <u>New Mexico</u>      |
| Phone No.:           | <u>505-623-3202</u>     | Phone No.:             | <u>505/623-4735</u>    |
| Date:                | <u>2/27/87</u>          | Date:                  | _____                  |

I CERTIFY rehabilitation has been discussed with me, the surface  
owner:

x Bertha C Miller  
(Surface Owner's Signature)

The plan covers rehabilitation requirements only and does not  
affect any other agreements between the lessee/operator and sur-  
face owner.

