

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

NM Oil Cons. Commission
SECRET - IN TEST
(When instructions
are given)

Revised Bureau No. 1004-0115
Expires August 31, 1985

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.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR
McKay Oil Corporation

3. ADDRESS OF OPERATOR
P.O. 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
990' FWL & 990' FSL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4275' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM-32311

6. IF INDEAN, ADDRESS OR TRIBE NAME

7. UNIT ASSIGNMENT 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 BLE. AND
SUBSET OR AREA
Sec. 19, T5S, R22E

12. COUNTY OR PARISH 13. STATE
Chaves N.M.

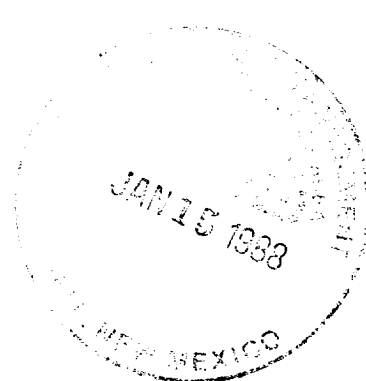
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO			FREQUENT REPORT OF:		
TEST WATER SHUT OFF	☐	PULL OR ALTER CASING	WATER SHUT OFF	☐	REPAIRING WELL
FRACTURE TREAT	☐	MULTIPLE COMPLETION	FRACTURE TREATMENT	☐	ALTERING CASING
SHOOT OR ACIDIZE	☐	ABANDON*	SHOOTING OR ACIDIZING	☐	ABANDONMENT*
REPAIR WELL	☐	CHANGE PLANT	OTHER	☐	
OTHER: 1 year extension-APD X			(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		

17. DESCRIBE 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.

Operator requests a 1 year extension of the Application for Permit to Drill on the referenced location.

EXPINT
1-30-96
30-005-62392



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

SIGNED Perry W. Franklin TITLE Agent DATE 12/29/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
PETER W. CHESTER
JAN 15 1988

*See Instructions on Reverse Side