

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

NM Oil Conservation Division
(Other Instructions on Form 1004-0135)

Form 1004-0135
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 formation. Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

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
660' FSL & 1650' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
4301' GR

JAN 28 '88

O.C.D.
ARTESIA OFFICE

5. LEASE OR MINERAL RIGHT NO.
NM-32311

6. IF OTHER, NAME OF THE PARTY

7. OWNER'S NAME

8. NAME OF LEASE

9. WELL NO.

10. FIELD AND POOL OR WILDCAT
W. Pecos Slope-Abo

11. SEC., T., R., OR B.L. AND SUBST OR AREA
Sec. 24, T5S, R21E

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

SUBSEQUENT REPORT OF:

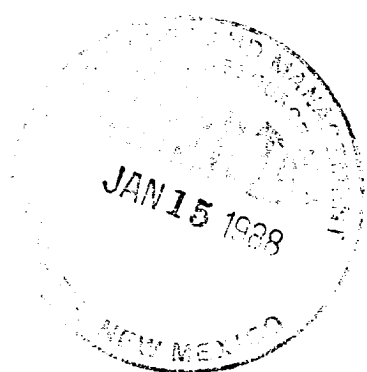
TEST WATER SHUT OFF	PULL OR ALTER CASING
FRACURE TREAT	MULTIPLE COMPLETION
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other) 1 year extension-APD	X

WATER SHUT OFF	REPAIRING WELL
FRACURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other)	

(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.



Post ID-1
2-9-90
Exp. Int.

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

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

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
PETER W. CHESTER
JAN 4 5 1988

*See Instructions on Reverse Side