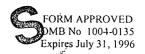
Form 3160-5 (November 1994)

## N.M. Oil Cons. DIV-Dist. 2

UNITED STATES 1 W. Grand Avenue

DEPARTMENT OF THE IATIOSIR, NM 88210 BUREAU OF LAND MANAGEMENT



## **SUNDRY NOTICES AND REPORTS ON WELLS**

5.	Lease Serial No.	
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Do not wen this	NM-36192							
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name			
SUBMIT IN TRIPL	ICATE - Other inst	ructions on reve	rse side	7. If Unit or CA/	Agreement, Name	≥ and/or	No	
1. Type of Well					8. Well Name and No. "			
Oil Well Gas Wel	1 Other	OCT 0.8	08 2008 LOOKOUT D FED #8					
2. Name Of Operator  MCKAY OIL CORPORATION  OCD-ART				9. API Well No.				
3a. Address		3b. Phone No. (include area code)		10. Field and Pool, or Exploratory Area				
P.O. BOX 2014 ROSV	VELL, NM 88202-	505-623-4735		WEST PECOS ABO SLOPE				
4. Location of Well (Footage, Sec		11. County or Parish, State						
990' FNL, & 2160' FEI		CHAVES COUNTY, NM						
	PROPRIATE BOX(ES) T	TO INDICATE NAT	URE OF NOTICE	E, REPORT, OR	OTHER DATA	A		
TYPE OF SUBMISSION		<u> </u>	TYPE OF ACTION	<b>N</b>				
√ N	Acidize	☐ Deepen	Production	on (Start/Resume)	☐ Water Sh	ut-Off		
⊠ Notice of Intent	☐ Alter Casing	Fracture Treat	Reclamate	tion	☐ Well Inte	grity		
Subsequent Report	☐ Casing Repair	☐ New Construction	on 🗌 Recompl	ete	Other			
		☐ Plug and Abando	on 🗌 Tempora	rily Abandon				
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal				, •.	
13. Described Proposed or Complet thereof. If the proposal is to dee and zones. Attach the Bond un within 30 days following comples shall be filed once testing has been the operator has determined that	pen directionally or recompleteder which the work will be peteion of the involved operation on completed. Final Abandoni	e horizontally, give subsurformed or provide the E is If the operation result ment Notices shall be filed	rface locations and me sond No. on file with s in a multiple comple	easured and true verti BLM/BIA. Required etion or recompletion	ical depths of all pod d subsequent repor in a new interval,	ertinent i rts shall , a Form	markers be filed 3160-4	
Operator desires to amend the	e APD to provide for the	following variances:						
	uipment: BOP will be t /8" surface casing. Resu					stalled	before	
2) Proposed Casing Pro	ogram: Mixed pipe will be		ce Casing: J55-2		iureau of L Roswell	00 AUG 20	RECE	
14. I hereby certify that the foregoi	ng is true and correct				AS SE	PM	VE:	
Name (Printed/Typed) CAROL SHANKS		Title PRODUCTION ANALYST				$\dot{\Box}$		
Signature A		Date CO						
Carl S	8	3/20/2008		2 ( ) 1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	ski sve vo	- 		
	THIS SPACE F	OR FEDERAL OR	STATE OFFICE	E USE				
Approved By	S/ Angel Mayes		Assistant Lands And	Field Manağı	er, Date OCT	06	2008	
Conditions of approval, if any, are or certify that the applicant holds legs which would entitle the applicant to o	al or equitable title to those rigl	notice does not warrant hts in the subject lease		LEFELD OFFICE				

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.