

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

NM Oil Cons. Commission
Permit No. 88210
Artesia, NM 88210

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

415F

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.)

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 O. C. D. ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface 1980' FSL & 660' FEL

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4279' GR

5. LEASE DESIGNATION AND SERIAL NO. NM-32312

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME West Fork Federal

9. WELL NO. _____

10. FIELD AND TAG OR WILDCAT 5

11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA W. Pecos Slope-Abo

12. COUNTY OR PARISH Chaves 13. STATE 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(Other) APD Extension X

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 one(1) year extension of the Application for Permit to Drill on the above referenced location.



Exp. Int. 2-12-96
30-005-62487

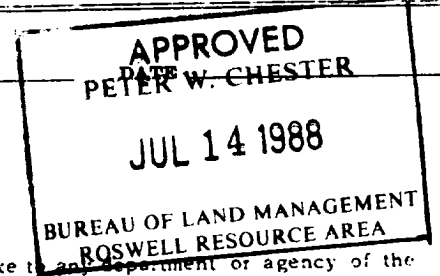
18. I hereby certify that the foregoing is true and correct

SIGNED Perry W. Frankle TITLE Agent DATE July 12, 1988

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: APPROVED FOR - MONTH PERIOD
ENDING MAY 19 1989
*See Instructions on Reverse Side



EXP. INT. 3-18-82
18456-200-2E