

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM Oil Cons. Commission  
Drawn by IN TRIP  
(Other instructions)  
Artesia, NM 88210

Form approved.  
Budget Bureau No. 1004-013  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-32311

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

West Fork Federal Unit

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

W. Pecos Slope Abo

11. SEC., T., R., W., OR BLE. AND  
SURVEY OR AREA

Sec. 24-5S-21E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

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

FEB -7 '90

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

McKay Oil Corp.

3. ADDRESS OF OPERATOR

P.O. Box 2014, Roswell, NM 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, GR, etc.)

4301 GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Change access route - see new attached exhibit "B".

EXPIRED INTENT. 2-12-96

30-005-62768

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

SIGNED

TITLE

DATE 12-29-89

(This space for Federal or State office use)

APPROVED BY John E. Crane

TITLE Supr. Min. Res. Spec.

DATE 2-5-90

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

30-002-02768  
EXP. DATE 3-15-80