

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

COMMISSION
DRAWER DD
PERMIT IN FIELD
(Other instruction
void)

Budget Period 8-1004
Expires August 31, 1988

LEASE IDENTIFICATION NO. NM-32322

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. OF WELL: GAS ☒ WELL ☒ OTHER ☐
2. NAME OF OPERATOR: McKay Oil Corporation ✓
3. ADDRESS OF OPERATOR: Post Office Box 2014, Roswell, New Mexico 88201
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below):
AT SURFACE: 1980' FNL & 660' FEL
14. ELEVATION: 4187'
15. ELEVATIONS (Show whether DE, RL, GK, etc.): C. C. D. ARTESIA, OFFICE
RECEIVED MAR 07 '89

6. IF INDIAN, ALLOTTEE OR TRIBE: _____
7. UNIT AGREEMENT NAME: _____
8. FARM OR LEASE NAME: Miller Fed.
9. WELL NO.: #1
10. FIELD AND FOOT OR SURFACE: W. Pecos Slope Abo
11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA: Sec. 7-6S-23E
12. COUNTY OR PARISH: Chaves
13. STATE: NM

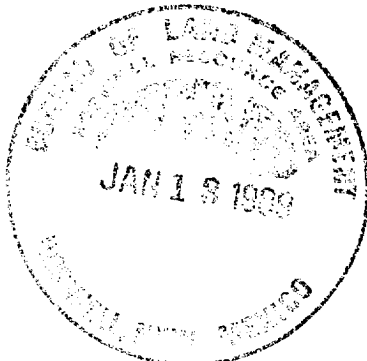
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF	PULL OR ALTER CASING	WATER SHUT OFF	REPAIRING WELL
FRACURE TREAT	MULTIPLE COMPLETE	FRACURE TREATMENT	ALTERING CASING
SHOOTING OR ACTIVIZING	ABANDON*	SHOOTING OR ACTIVIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	

16. OTHER: NTL-2B
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. IF WELL IS DRILLED 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.)

A fiberglass tank will hold all fluids. Disposal be method of evaporation or trucked to a disposal site.



18. I hereby certify that the foregoing is true and correct
SIGNED: [Signature] TITLE: Operations Supervisor DATE: 1/10/89
(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____
CONDITIONS OF APPROVAL, IF ANY: _____
APPROVED: PETER W. CHESTER
DATE: MAR 6 1989
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side