

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐

O. C. O.
ARTESIA, OFFICE

2. NAME OF OPERATOR
McKay Oil Corporation

3. ADDRESS OF OPERATOR
P. O. Box 2014, Roswell, NM 88201

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2280' FEL & 1780' FNL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Initial Completion, additional work.

5. LEASE

NM-18489

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McKay-Pennzoil

9. WELL NO.

#1

10. FIELD OR WILDCAT NAME

Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 10, T. 7S., R. 26E

12. COUNTY OR PARISH 13. STATE

Chaves New Mexico

14. API NO.

30005-61924

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

12/13/84 Perf 4248-55' w/28 shots & 4321-35' w/56 shots, 4 JSPF (84 total shots).

12/16/84 Frac w/40,000 gal of gelled 2% KCL wtr w/47,500# 20/40 mesh sd & 22,500# of 10/20 mesh sd.

12/17/84 Perf 4219-37', 4 JSPF (72 total shots).

12/18/84 Frac w/40,000 gal gelled 2% KCL wtr w/47,500# 20/40 mesh sand & 22,500# 10/20 mesh sand. ISIP 300 psi, AIP 1100 psi, Max pres 1200 psi, AIR 40 BPM.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED

William E. Schmitt

TITLE

Prod. Analyst

DATE

January 19, 1984

ACCEPTED FOR RECORD

(This space for Federal or State office use)

PETER W. HANSEN

APPROVED BY

CONDITIONS OF APPROVAL

MAY 16 1984

TITLE

DATE