

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Drawer DD

Artesia, NM 88210
SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Budget Period No. 1003-0135
Expires August 31, 1985

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | | RECEIVED BY JUL 15 1986 O. C. D. | 6. LEASE DESIGNATION AND SERIAL NO. NM-36190 | |
| 2. NAME OF OPERATOR McKAY OIL CORPORATION ✓ | | | 8. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P. O. Box 2014, Roswell, NM 88201 | | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State Agency requirements. See also space 17 below.) At surface 1980' FSL & 660' FWL | | | 8. FARM OR LEASE NAME Eppers Federal | |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4366' GR | | 9. WELL NO. 1 |
| 10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 34-5S-21E | | 12. COUNTY OR PARISH Chaves |
| | | | | 13. STATE N.M. |

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

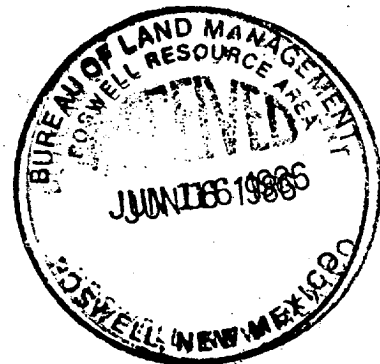
WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐ change in Operator

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.)*

Effective 4-1-86, McKay Oil Corporation took over operations.



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

SIGNED Shari Hamilton

TITLE Clerk

DATE 6-13-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
PETER W. CHESTER

JUL 11 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side