

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil Cons. Commission
Drawer 301
Artesia, NM 88210
SUBMIT IN TRIPL
(Other instructions
reverse side)

Form approved
Budget Bureau No. 1004-1
Expires August 11, 1985

CLSF

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 ☐ 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' FSL & 660' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GK, etc.)
ARTESIA, OFFICE
4366'

RECEIVED
MAR 07 '89
O. C. D.

5. LEASE DESIGNATION AND SERIAL
NM-36190

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Eppers Fed.

9. WELL NO.
#1

10. FIELD AND POOL OR WILDCAT
W. Pecos Slope Abo

11. SEC., T., R., M., OR B.L. AND
SURVEY OR AREA
Sec. 34-5S-21E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

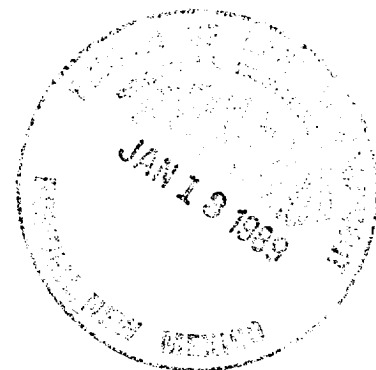
18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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

(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.)

210 BBL Fiberglass tank on location to contain fluids. Disposal by evaporation or trucked to 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 PETER W. CHESTER TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE
PETER W. CHESTER
MAR 6 1989
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side