

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

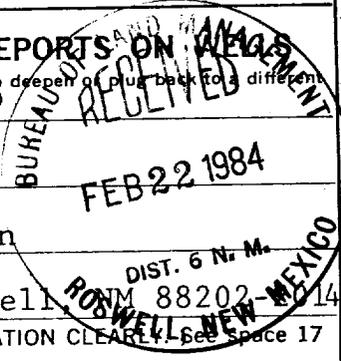
2. NAME OF OPERATOR
McKay Oil Corporation

3. ADDRESS OF OPERATOR
P. O. Box 2014, Roswell, NM 88202-2014

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See Space 17 below.)
AT SURFACE: 660' FSL & 660' FEL (SESE)
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	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) <u>Set Prod. Casing</u>			



5. LEASE
USA NM-19829

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
McKay-Harvey Fed.

9. WELL NO.
#1

10. FIELD OR WILDCAT NAME
Wildcat New

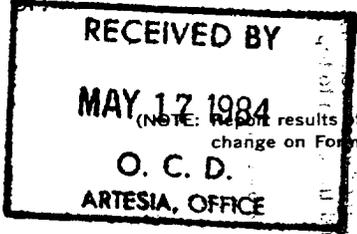
11. SEC., T., R., M.; OR BLK. AND SURVEY OR AREA
Sec. 17, T. 9S, R. 25E

12. COUNTY OR PARISH
Chaves

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3574' GR



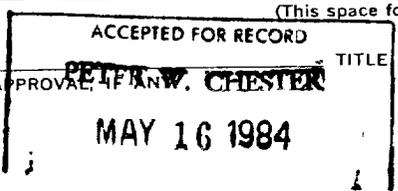
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

2-14-84 TD 5172', ran 104 jts (4139') 4 1/2" 10.5# K-55 casing, set @ 4149'. Cmtd w/295 sx 50/50 Poz cmt. Displaced csg w/2% KCL wtr. PD @ 2 AM on 2-15-84. Cmtd w/400 sx Lite cmt thru 1" from 1216' to surf, circ 15 sx. 1" job complete @ 5:30 AM on 2-15-84.

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

18. I hereby certify that the foregoing is true and correct
SIGNED Louise Schmitt TITLE Prod. Analyst DATE 2/17/84

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL: PETER W. CHESTER



*See Instructions on Reverse Side