

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
NMOUALL instructions  
verses side  
Drawer DD  
Artesia, NM 88210

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

484

SUNDRY NOTICES AND REPORTS RECEIVED BY

(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.)

MAY 02 1984

O. C. D.  
ARTESIA, OFFICE

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 and in accordance with any State requirements.  
See also space 17 below.)  
At surface

1980' FSL & 1980' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3623' GR

5. LEASE DESIGNATION AND SERIAL NO.

NM-26679

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McKay-Sundance Fed.

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 24, T.11S, R.26E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) Spud & run & cmt csg

X

(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.) \*

SPUD 17½" HOLE @ 4:00 PM on 4-21-84.

4-22-84 TD 395'. Ran 10 jts 13-3/8" J-55 54.5# csg (394'), set @ 381'. Cmt w/400 sx Cl "C" cmt w/2% CaCl, circ 50 sx. PD @ 7:45 AM on 4-22-84. WOC 12 hrs. Tested to 1000# for 30 minutes, held okay.

4-23-84 TD 1304' (12½" hole). Ran 32 jts 8-5/8" J-55 24# csg (1283'), set @ 1296'. Cmt w/375 sx Lite cmt & 150 sx Cl "C" cmt w/2% CaCl. Circ 5 sx. PD @ 8:30 AM on 4-24-84. WOC 12 hrs. Tested to 1500# for 30 min, held okay.

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

SIGNED Gerard L. Schmitt

TITLE Production Analyst

DATE 4/26/84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

CONDITIONS OF APPROVAL PETER M. CHESTER

TITLE

DATE

APR 30 1984

\*See Instructions on Reverse Side