

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Artesia, NM 88210

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"/>		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' FWL & 660' FSL		5. LEASE DESIGNATION AND SERIAL NO. NM-19829		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3548' GR		12. COUNTY OR PARISH Chaves		13. STATE N.M.		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME McKay-Harvey Federal	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		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.)		18. I hereby certify that the foregoing is true and correct		SIGNED <i>Peter W. Chester</i>		TITLE Production Analyst		DATE 10/8/84	

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other) Set Production Casing	<input checked="" type="checkbox"/>		
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

10-06-84 TD 4310', RIH w/102 jts (4030') 4½" 10.5# J-55 csg, set @ 4022'. Cmdt w/300 sx 50/50 POZ. Displaced w/2% KCL wtr. PD @ 6 PM on 10-6-84. Cmdt from 1300' to surf using 1" Kobe pipe w/300 sx Lite "C" cmt. Circulated 15 sx. Finished 1" job @ 9 PM on 10-6-84. WOC. SI WOCU.

18. I hereby certify that the foregoing is true and correct		SIGNED <i>Peter W. Chester</i>		TITLE Production Analyst		DATE 10/8/84	
(This space for Federal or State office use)		APPROVED BY		TITLE		DATE	
CONDITIONS OF APPROVAL, IF ANY:		ACCEPTED FOR RECORD					
PETER W. CHESTER		OCT 10 1984					
		*See Instructions on Reverse Side					