

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SEP 04 1984  
Artesia, NM 88216

Expires August 31, 1985

C/SF

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"/><br>O. C. D.<br>ARTESIA, OFFICE               | 5. PLASS DESIGNATION AND SERIAL NO.<br>NM-19829                       |
| 2. NAME OF OPERATOR<br>McKay Oil Corporation                                                                                                                  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 2014, Roswell, NM 88202-2014                                                                                              | 7. UNIT AGREEMENT NAME                                                |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>710' FNL & 660' FEL | 8. FARM OR LEASE NAME<br>McKay-Harvey Fed.                            |
| 14. PERMIT NO.                                                                                                                                                | 9. WELL NO.<br>#2                                                     |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3568' GR                                                                                                    | 10. FIELD AND POOL, OR WILDCAT<br>Wildcat S. Perm. Hg. N.W.           |
|                                                                                                                                                               | 11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 20, T9S, R25E |
|                                                                                                                                                               | 12. COUNTY OR PARISH<br>Chaves                                        |
|                                                                                                                                                               | 13. STATE<br>N.M.                                                     |

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

| 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) Spud & set surf csg <input checked="" type="checkbox"/> |                                          |
| (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)                                                                                                                                                                                                                       |                                               |                                                                 |                                          |
| 17. PRESENT, 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 12 1/2" HOLE @ 3 PM on 8-19-84.

8-22-84 TD 823', ran 19 jts 8-5/8" J-55 24# csg (804'), set @ 816'. Cmt'd w/400 sx Halliburton Lite cmt & 100 sx C1 "C" cmt w/2% CaCl. Bumped plug @ 11:30 AM on 8-22-84. WOC 18 hrs. Pressure tested BOP to 1000 psi for 30 min, held okay.

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

SIGNED Benjamin E. Schmitt TITLE Production Analyst DATE 8/23/84

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPLICATION

AUG 30 1984

\*See Instructions on Reverse Side