

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
Other Instructions
Drayer DD

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

LEASE DESIGNATION AND SERIAL NO.

NM-22061

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

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' FEL & 660' FNL

14. PERMIT NO.

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

3749 GR

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

West McKay-Harvey Fed "A"

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Wildcat-Add

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

Sec. 26, T.8S, R.23E

12. COUNTY OR PARISH 13. STATE

Chaves

N.M.

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"/>

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Spud & set surf csg

(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.)

8-30-84 TD 30', set 30' conductor pipe. MI drlg rig.

8-31-84 SPUD 12 1/4" hole @ 10:00 PM on 8-31-84. At 12:00 midnight drlg @ 95'.

9-1-84 TD 731', drlg.

9-2-84 TD 1107', WOC & cmtg surf csg thru 1" Kobe pipe. Ran 26 jts (1089') 8-5/8" 24# csg, set @ 1101'. Cmtd w/50 sx Cl "C" cmt w/4% CaCl₂, 200 sx Lite Cmt w/4% CaCl₂ & 150 sx Cl "C" cmt w/2% CaCl₂. PD @ 1:15 AM on 9-3-84, did not circ cmt. WOC 1 1/2 hrs, RIH w/1" Kobe pipe, tagged TOC @ 508'.

9-3-84 TD 1504', drlg w/FW. Finished bringing cmt to surf in 10 stages @ 3:00 PM on 9-3-84. WOC 18 hrs, pres tested BOP to 3500 psi for 30 minutes, held okay.

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

SIGNED

Ernest E. Schmitt

TITLE Production Analyst

DATE 9/4/84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

CLYDE W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

OCT 11 1984

*See Instructions on Reverse Side