

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

NEW OIL CONS. CO.
POWER 55

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

015F

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, N.M. 88202-2014
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

RECEIVED BY
JUN 26 1985
O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM - 22061
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 - Also
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26, T.8S, R.23E
12. COUNTY OR PARISH
Chaves
13. STATE
New Mexico

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3749' GR

16. 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) Well SI, Waiting 4 Point test X	
(Other) <input type="checkbox"/>		(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.)*

6-20-85 Well SI, waiting on 4 point test.

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

SIGNED _____ TITLE Production Analyst

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

DATE 6-20-85
ACCEPTED FOR RECORD
PETER W. CHESTER
DATE
JUN 25 1985
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side