

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW OIL CONS. COM. CON-
SUBMIT IN THIS CASE
Drawn by other instructions on re-
verse side)
Artesia, NM 88210

Budget Bureau No. 1004-0135
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		RECEIVED BY MAR 11 1986 O.C.D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-32325-B	
2. NAME OF OPERATOR McKay Oil Corporation			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2014, Roswell, New Mexico			7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State Requirements. See also space 17 below.) At surface 846'FWL &660'FSL			8. FARM OR LEASE NAME China Draw Fed.	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4135'GL		9. WELL NO. #1
				10. FIELD AND POOL, OR WILDCAT W. Pecos Slope Abo
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31-6S-23E
				12. COUNTY OR PARISH Chaves
				13. STATE 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"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Off Lease Measurement <input checked="" type="checkbox"/>	

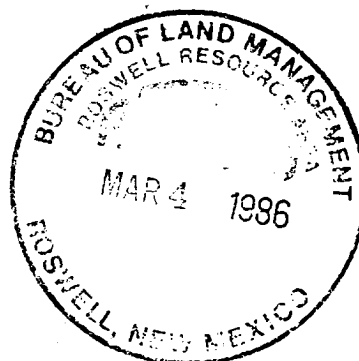
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(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.)*

Operator intends to install a main gathering system for multiple wells, with a central gathering and sales point shown on Attachment "A" in the SW/4NE/4 of Section 36, Township 6 South, Range 22 East, NMPM. Measuring Equipment will be installed on each well location for individual well measurement.



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

SIGNED *Jim L. Schultz* TITLE Landman DATE 3-4-86

(This space for Federal Approval Use)
APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY

MAR 7 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA* See Instructions on Reverse Side

