

Form 3100-5
(November 1983)
(Formerly 9-331)

NEW OIL CONS. COMMISSION
Drawer DD
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Artesia PERMIT 88270
(Other instructions on reverse side)

45F
Project Bureau No. 1001-0138
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	RECEIVED BY MAR 11 1986 O. C. D.	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 960'FWL & 1650'FNL		8. FARM OR LEASE NAME China Draw Fed.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4100' GL	9. WELL NO. #2
		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

10. 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 COMPLETION <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"/>

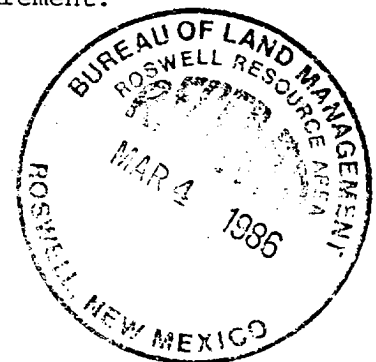
SUBSEQUENT REPORT OF:

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 Peter W. Chester

TITLE Landman

DATE 3-4-86

(This space for Federal Approval Only)

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

