

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

Form approved.
Budget Bureau No. 1004-010
Expires August 31, 1985

45F

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	RECEIVED BY OCT 28 1986 O. C. D. ARTESIA OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-36193
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 88202		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 660'FWL & 660'FSL		8. FARM OR LEASE NAME Four Mile Draw Fed.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4248' GL	9. WELL NO. 3
		10. FIELD AND POOL OR WILDCAT W. Pecos Slope - Abo
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-6S-22E
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	
(Other) Off Lease Measurement	X	(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 proposes to set a separator and measuring equipment on the well pad location but the sales point will be in the SE/4NE/4 of Section 36, Township 6 South, Range 22 East, NMPM, as shown on Exhibit A.



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

SIGNED *Jim Schmitt* TITLE Landman DATE 10-24-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



