

Form 1160-5 Drawer DD
(November 1983)
(Formerly 9-33f)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTSUBMIT IN TRI. DATE*
(Other instructions on re-
verse side)Budget Defund No. 1004-0135
Expires August 31, 19855. LEASE DESIGNATION AND SERIAL NO.
NM-36195

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

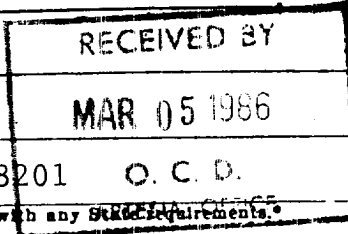
8. FARM OR LEASE NAME
Remmele Federal9. WELL NO.
210. FIELD AND POOL, OR WILDCAT
West Pecos Slope Abo11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Section 25-6S-22E12. COUNTY OR PARISH
Chaves13. STATE
N.M.

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR
McKay Oil Corporation

3. ADDRESS OF OPERATOR
P. O. Box 2014, Roswell, NM 88201 O. C. D.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
735'
723' FSL & 2310' FEL 0

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4178' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) spud & run surface csg. ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)

✓ Spudded a 12 1/4" hole @ 11:30 PM 2-22-86. RIH w/23 jts. 8 5/8", 24#, J-55 API csg., set @ 916'. Pmpd. 250 bbls. LCM pill, cmt. w/150 sx. Class "C" w/3% CaCl2 plus 150 sx. Lite "C" w/4% CaCl2. Plug down @ 7:30 AM 2-23-86. Did not circ. cmt. Temp. survey indicated top of cmt. @ 600' +, tagged cmt. w/1" Kobe pipe @ 610'. Brought cmt. to surface in 12 stages, using 325 sx. Class "C" w/5% CaCl2, 1000 gals. aqua fix & 9 yds. pea gravel. Finished 1" job @ 8 PM 2-23-86. WOC total of 18 hrs. Pressure tested BOP & 8 5/8" csg. to 1000 psi for 30 min., held OK.



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

SIGNED Sharon R. Hamilton TITLE AgentDATE 2-25-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

MAR 3 1986

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSWELL REGIONAL OFFICE