

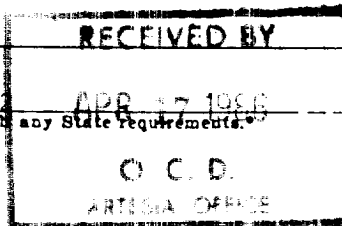
NM Oil Cons. Commission
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

ckf
Subject: Bureau of Land Management
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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <u>McKay Oil Corporation</u></p> <p>3. ADDRESS OF OPERATOR <u>P.O. Box 2014, Roswell, New Mexico 88201</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>735'FSL & 2310'FEL</u></p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>NM-36195</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Remmele Federal</u></p> <p>9. WELL NO. <u>#2</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>W. Pecos Slope Abo</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 25-6S-22E</u></p> <p>12. COUNTY OR PARISH <u>Chaves</u></p> <p>13. STATE <u>NM</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4178'GL</u></p>	



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 checked="" type="checkbox"/>	(Other) <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 proposes to lay a steel pipeline along the route shown on exhibit "A".

The portion of the pipeline marked in yellow will be a 6" pipe and laid on surface.
The portion of the pipeline marked in orange will be a 2 7/8" pipe and also laid on surface.



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

SIGNED <u>[Signature]</u>	TITLE <u>Landman</u>	DATE <u>4-7-86</u>
(This space for Federal or State office use)		
APPROVED BY <u>S/Phil Kirk</u>	TITLE <u>Area Manager</u>	DATE <u>4-11-86</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

