

Drawer DD
UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88201
(Other instructions on reverse side)

2/51
Budget Bulletin No. 1004-01AS
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 ☐ GAS WELL ☒ OTHER		RECEIVED BY APR 14 1986 O. C. D. ARTESIA OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-36195	
2. NAME OF OPERATOR McKay Oil Corporation ✓			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 2014, Roswell, NM 88201			7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 990' FEL & 860' FNL			8. FARM OR LEASE NAME Remmele Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4127' 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. 25-6S-22E
				12. COUNTY OR PARISH 13. STATE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) spudding

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)*

Drilled a 30' 12 1/4" starter hole, rat hole & mouse hole. Set anchors on 3-31-86. W.O. drilling rig.

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

SIGNED

Sharon R. Hamilton

TITLE

Agent

DATE

4-2-86

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER

DATE

APR 4 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side