

NM Oil Cons. Commission
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Submit in triplicate (One for Bureau, one for State, one for reverse side)

Copy of Bureau Form 100-1 only
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 <input type="checkbox"/>		RECEIVED BY APR 29 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, 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 990'FEL and 860'FNL			8. FARM OR LEASE NAME Remmele Federal
14. PERMIT NO.		15. ELEVATIONS (Show whether DP, RT, GR, etc.) 4127'GL	9. WELL NO. #3
			10. FIELD AND POOL, OR WILDCAT W. Pecos Slope Abo
			11. SRC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-6S-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 <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 type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Pipeline route <input checked="" 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 pipeline to connect this well as shown on Exhibit "A".

This pipeline will consist of a 6" steel pipe, buried to BLM specification along the route indicated in yellow. A 2 7/8" steel pipe will be laid on surface along the route indicated in orange.



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

SIGNED <i>John Schmitt</i>	TITLE Landman	DATE 4-2-86
(This space for Federal or State use)		
APPROVED BY <i>[Signature]</i>	TITLE Area Manager	DATE 4-23-86
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

