

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

AS NEW COPIES. CORRECTIONS
Drawer DD
Artesia, NM 88010
SUBMIT IN DUPLICATE*
(Under conditions on re-
verse side)

457
Budget Bureau No. 1004-0135
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	RECEIVED BY APR 14 1986	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 O.C.D.		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with administrative requirements. See also space 17 below.) At surface 1980' FNL & 1980' FWL		8. FARM OR LEASE NAME Remmele Federal
		9. WELL NO. 6
		10. FIELD AND POOL, OR WILDCAT W. Pecos Abo Slope
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-6S-22E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4174' GR	12. COUNTY OR PARISH Chaves
		13. STATE N.M.

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 PLANE <input type="checkbox"/>	(Other) _____	
(Other) <u>spudding</u>	<u>X</u>	(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 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 _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE _____

APR 4 1986

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

800-432-1234
800-432-1234
800-432-1234

800-432-1234

