

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Drawer DD

Artesia, NM 88202
Artesia, NM 88202 (Reverse side)

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 MAY 21 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 1980'FWL and 1980'FNL			8. FARM OR LEASE NAME Remmele Fed.	
			9. WELL NO. #6	
			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	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4174' GL		12. COUNTY OR PARISH Chaves
				13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	Off Lease Measurement	<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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 and 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.)

A separator and measuring equipment will be installed on the location, but the actual sales point and master meter will be in the SW/4 of the NE/4 of Section 36, Township 6 South, Range 22 East, NMPM, as shown on Exhibit "A".



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

SIGNED [Signature] TITLE Landman DATE 5-16-86
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
PETER W. CHESTER
DATE

MAY 19 1986

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

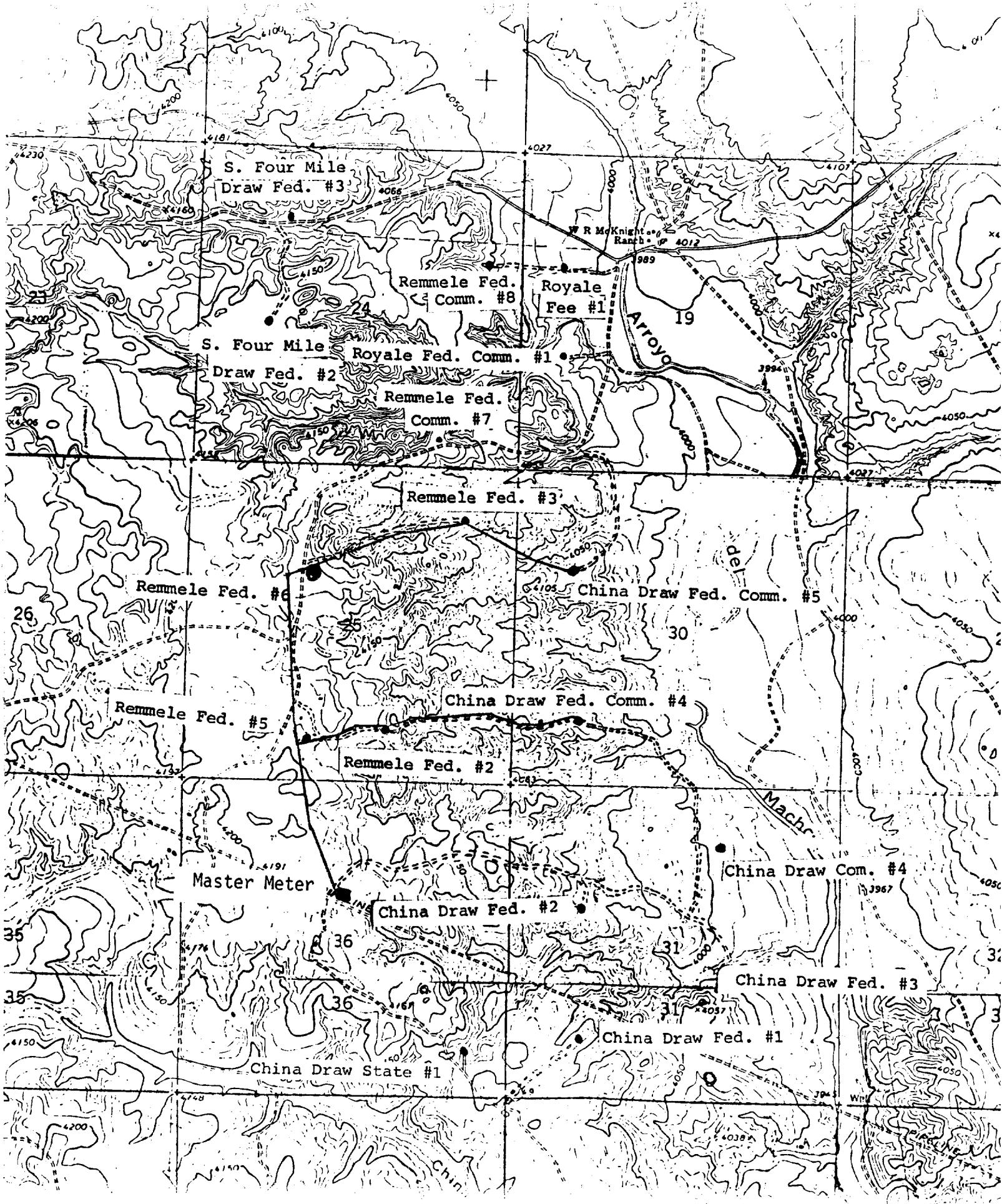


Exhibit "A"