

NEW MEXICO OIL CONS. COMMISSION
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210
SUBMIT IN DUPLICATE*
(Indicate on reverse side)

c/sf
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	5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR McKay Oil Corporation	FEB 07 1986	NM-32325-B
3. ADDRESS OF OPERATOR P.O. Box 2014, Roswell, New Mexico 88202	O. C. D.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with See also space 17 below.) At surface 1057'FWL & 1107'FSL	ARTESIA OFFICE	7. UNIT AGREEMENT NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DP, RT, CR, etc.) 4068'GL	8. FARM OR LEASE NAME China Draw Fed. Comm.
		9. WELL NO. #4
		10. FIELD AND POOL OR WILDCAT West Pecos Slope
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30-6S-23E
		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"/>
FRACURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACURE 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 change the route of the access road as shown on Attachment "A". The construction of the road will be the same as described on the original application to drill.



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

SIGNED <u>Jim L. Shultz</u>	TITLE <u>Landman</u>	DATE <u>1-21-86</u>
(This space for Federal or State office use)		
APPROVED BY <u>S/Phil Kirk</u>	TITLE <u>Area Manager</u>	DATE <u>1-31-86</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

