

BUREAU OF LAND MANAGEMENT

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 MAR 05 1986 O. C. D. ARTESIAN OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-32325-B
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 requirements.* At surface 1057' FWL & 1107' FSL		8. FARM OR LEASE NAME China Draw Fed. Comm.
		9. WELL NO. 4
		10. FIELD AND POOL, OR WILDCAT West Pecos Abo Slope
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 30-6S-23E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4068' GL	12. COUNTY OR PARISH Chaves
		13. STATE N.M.

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)

FULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) run production csg.

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.)*

Ran 85 jts. 4½", 9.5# csg., set @ 3327', 13' marker jt., ran 16th in hole. Cmt. w/300 sx. 50/50 poz, plug down @ 12:30 PM 2-19-86. Ran 46 jts. of 1" Kobe pipe, cmt. w/300 sx. Halliburton lite, circ. 50 sx. Completed 1" job @ 5:30 PM, 2-19-86.

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

SIGNED

Sharon R. Hamilton

TITLE

Agent

DATE

2-25-86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

TERESA W. CHESTER

DATE

*See Instructions on Reverse Side