

Drawer DD

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on re-  
verse 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	<b>RECEIVED BY</b>  <b>AUG 25 1986</b>  <b>O. C. D.</b> <b>ARTESIA, OFFICE</b>
2. NAME OF OPERATOR  McKay Oil Corporation	
3. ADDRESS OF OPERATOR  P.O. Box 2014, Roswell, New Mexico 88202	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  599' FEL & 576' FSL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, GR, etc.)  4092' GL

5. LEASE DESIGNATION AND SERIAL NO.  NM-36195	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME  Remmele Federal Comm.	
9. WELL NO.  #7	
10. FIELD AND POOL, OR WILDCAT  W. Pecos Slope Abo	
11. SEC., T., R., M., OR BLK. AND SUBST OR AREA  Sec. 24-6S-22E	
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"/>
FRACTURE 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) Pipeline & Off Lease Measure <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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 lay a 2 7/8" steel pipeline on surface along the route shown on Exhibit "A".

The actual sales point of the gas production for this well will be at a measuring station in the SW/4NE/4 in Section 36-6S-22E as shown on Exhibit "A".



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

SIGNED John Schuster

TITLE Landman

DATE 8-14-86

(This space for Federal or State office use)

APPROVED BY Thomas B. Meyer

TITLE Area Manager

DATE 8-22-86

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

