

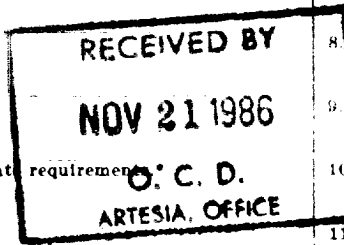
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Expires August 1, 1985
LEASE DESIGNATION AND SERIAL
NM-36195
IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR McKay Oil Corporation	8. FARM OR LEASE NAME Remmele Fed. Comm.
3. ADDRESS OF OPERATOR P.O. Box 2014, Roswell, New Mexico 88201	9. WELL NO. #7
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	10. FIELD AND POOL OR WILDCAT W. Pecos Slope Abo
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-6S-22E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4092' GL	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	DRILL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETION	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) sales commenced	X

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. IF WORKING PROPOSED OR COMPLETED, DESCRIBE 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.)

commenced gas sales to pipeline on 11-13-86

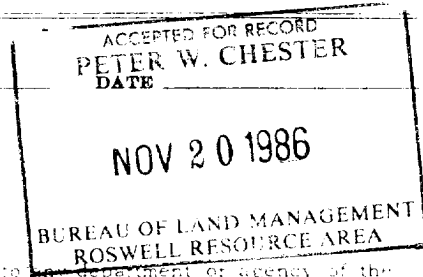
18. I hereby certify that the foregoing is true and correct

SIGNED Shereca Rodriguez TITLE Production Analyst DATE 11-14-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side