

Form 100-1
(November 1983)
(Formerly 9-331)

NM Oil Cons. Commission

Drawer DD

Alameda, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

45F
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 ☐ GAS WELL ☒ OTHER	RECEIVED BY AUG 28 1986 O. C. D.
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 Agency's office See also space 17 below.) At surface 1116 FWL and 2333 FSL	
14. PERMIT NO.	15. ELEVATIONS (Show whether SP, ST, GR, etc.) 4162' GL

5. LEASE DESIGNATION AND SERIAL NO. NM-36194	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME S. Four Mile Draw Fed.	
9. WELL NO. #2	
10. FIELD AND POOL, OR WILDCAT W. Pecos Slope Abo	
11. SEC., T., R., M., OR BLM. AND SUBST. OR AREA Sec. 24-6S-22E	
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:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

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PULL OR ALTER CASING
MULTIPLE COMPLETION
ABANDON*
CHANGE PLANS

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

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REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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(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.)

Operator proposes to change the access road as shown on Exhibit "A".



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

SIGNED

Jim Shultz

TITLE

Landman

DATE

8-14-86

(This space for Federal or State office use)

Norma Meyer, Acting

APPROVED BY

TITLE

Area Manager

DATE

8-21-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

