

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Alameda, NM 88210

Form approved:
Budget Bureau No. 1004-1
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL

NM-36194

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

2. NAME OF OPERATOR
McKay Oil Corporation

3. ADDRESS OF OPERATOR
Post Office Box 2014, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1116' FWL & 2333' FSL

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4162'

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
S. Four Mile Draw

9. WELL NO.
#2

10. FIELD AND POOL OR WILDCAT
W. Pecos Slope Abo

11. SEC. T., R., M., OR BLM. AND SURVEY OR AREA
Sec. 24-6S-22E

12. COUNTY OR PARISH 13. STATE
Chaves NM

RECEIVED
MAR 07 '89

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
<input type="checkbox"/> 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"/> FRACTURE TREAT	<input type="checkbox"/> MULTIPLE COMPLETE	<input type="checkbox"/> FRACTURE 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 type="checkbox"/> (Other)	

(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.)

a 5½ BBL Fiberglass tank will be set to contain fluids. Disposal by evaporation or trucked to disposal site.

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

SIGNED: *[Signature]* TITLE: Operations Supervisor DATE: 1/10/89

(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____

CONDITIONS OF APPROVAL, IF ANY: _____

APPROVED
DATE
PETER W. CHESTER
MAR 6 1989
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side