

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

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

NM-36194

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.)

RECEIVED

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐
2. NAME OF OPERATOR McKay Oil Corporation
3. ADDRESS OF OPERATOR Post Office Box 2014, Roswell, New Mexico 88203
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

MAR 08 '89

O. C. D.

88203A, OFFICE

1413' FWL & 1166' FNL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.)

4118'

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

S. Four Mile Draw

9. WELL NO.

#3

10. FIELD AND FOOT 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

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

COLLECT

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)

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

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

SIGNED

TITLE Operations Supervisor

DATE 1/10/89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

PETER W. CHESTER

MAR 7 1989

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA