

(November 1987)
(Form 10-133)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Altesia, NM 88219

NM Oils Cons. Comm. (Other Instructions on Reverse Side)

Expires August 31, 1985
LEASE DESIGNATION AND SERIAL
NM-32351

CSF

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 <input type="checkbox"/>	RECEIVED BY JAN 21 1987	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR McKay Oil Corporation		8. FARM OR LEASE NAME Royale Federal Comm.
3. ADDRESS OF OPERATOR Post Office Box 2014, Roswell, New Mexico 88201 C.D.		9. WELL NO. #1
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements.) See also space 17 below. At surface 680' FWL & 1950' FSL		10. FIELD AND POOL OR WILDCAT W. Pecos Slope Abo
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4025' GL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 19-6S-23E
		12. COUNTY OR PARISH Chaves
		13. STATE NM

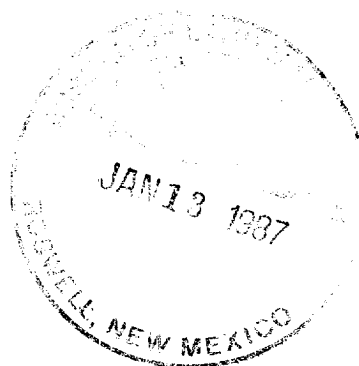
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) Production Casing	X

(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.)

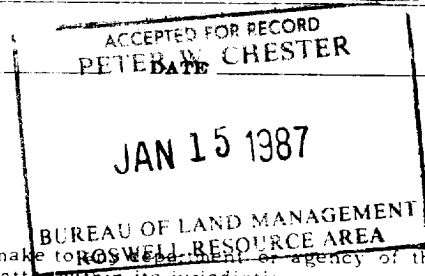
1-10-87 Ran in hole w/80 jts., 4½", 9.5# casing, set @ 3359', cemented w/325 sxs. Premium Plus cement, w/2% gel, 4/10th of 1% Halliburton Lite, 3/10th of 1% CFR3, 5# salt, ¼# flogel, 5# gilsonite, 1" cmt w/250 sxs. Howco Lite, Plug down @ 10 p.m.



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

SIGNED Theresa Rodriguez TITLE Production Analyst DATE 1-12-87
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side