

(November 1983)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
APPROX. 88210

SUBMIT IN TR. (DATE)  
(Other instructions on re-  
verse side)

Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO.  
NM-36195  
6. 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> 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 88202	9. WELL NO. #4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FEL & 660 FNL	10. FIELD AND POOL, OR WILDCAT West Pecos Slope Abo
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26-6S-22E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4187' GL	12. COUNTY OR PARISH Chaves
	13. STATE NM

RECEIVED BY  
SEP 12 1986  
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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) <input type="checkbox"/>	
(Other) Off lease measurement <input checked="" type="checkbox"/>		(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 measuring station will be installed on the well location, but the sales point will be in the SW/4NE/4 of Section 36-6S-22E, as shown on attachment "A".



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

SIGNED Jim Shultz  
(This space for Federal or State office use)

TITLE Landman

DATE 9-5-86

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

APPROVED  
PETER W. CHESTER  
SEP 9 1986  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side

