

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil Conservation Commission
Drawer DD
Artesia, NM 88210

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.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

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 requirements.*
See also space 17 below.)
At surface
1980 FNL & 1680 FEL

RECEIVED BY
OCT 14 1986
O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
South Four Mile Draw Fed.

9. WELL NO.
5

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23-6S-22E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. PERMIT NO

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
4178' GL

16. 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) ☐	(Other) ☐

(Other) Off lease measurement X

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.)*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Operator will install measuring equipment on the drillsite location, but the sales point will be in the SW/4NE/4 of Sec. 36-6S-22E as shown on Exhibit A.



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

SIGNED Jim Schultz TITLE Landman DATE 9-30-86

(This space for Federal or State/office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

PETER W. CHESTER
DATE
OCT 8 1986
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

