

(November 1983)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM Oil Cons. Commission  
Drawer 111  
Alameda, NM 88210

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

NM-36192-A

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 <input type="checkbox"/>	<div>RECEIVED BY OCT 20 1986 O. C. D. BUREAU OF LAND MANAGEMENT ALBUQUERQUE OFFICE</div>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR McKay Oil Corporation		8. FARM OR LEASE NAME Hosmer Fed.
3. ADDRESS OF OPERATOR P.O. Box 2014, Roswell, New Mexico 88201		9. WELL NO. #1
4. LOCATION OF WELL (Report location clearly and in accordance with any State Requirements. See also space 17 below.) At surface 380' FWL & 1307' FSL		10. FIELD AND POOL OR WILDCAT West Pecos Slope Abo
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4185' GL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 13-6S-22E
		12. COUNTY OR PARISH Chaves
		13. STATE NM

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) Spud <input checked="" type="checkbox"/>	(Other) <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.) \*

10-11-86 Drilled 30', 12 1/4" starter hole, rathole, mousehole.



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

SIGNED Theresa Rodriguez TITLE Production Analyst DATE 10-13-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PETER W. CHESTER DATE OCT 14 1986 BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA
----------------------------------------------------------------------------------------------------------------------

\*See Instructions on Reverse Side