| SUNDRY NOTICE  (Do not use this form for proposals Use "APPLICATI"  OIL GAS WELL X OTHER  2. NAME OF OPERATOR  McKay Oil Corporation S. ADDRESS OF OPERATOR  P.O. Box 2014, Roswell, Location of Well (Report location clear See also apace 17 below.)  At surface  1930 FEL & 660 FSL  14. PERMIT NO.  Check Appr NOTICE OF INTENTIO  TEST WATER SHUT-OFF FRACTIRE TREAT SHOOT OR ACIDIZE.  ABA   | New Mexico 88201  To glid or to deepen or plug on FOR PERMIT for such for such and the such as | ON WELLS  back to a different reservoir.  Proposals.)  RECEIVED BY  OCT 28 1986  y State requirements. D.  ARTESIA, OFFICE  Nature of Notice, Report, of   | REPAIRING WELL   |
|--|---|--|--|
| OIL WELL X OTHER  NAME OF OPERATOR  MCKAY Oil Corporation Address of Operator  P.O. Box 2014, Roswell, Location of Well (Report location clear See also apace 17 below.)  At surface  1930' FEL & 660' FSL  Check Approved the surface of intention of the surface | New Mexico 88201 rly and in accordance with an 4,207 GL  opriate Box To Indicate In to:  L OR ALTER CASING  CTIPLE COMPLETE  NEON*  | RECEIVED BY  OCT 28 1986  y State requirements. D.  ARTESIA, OFFICE  OF, RT, GR. etc.)  Nature of Notice, Report, of the shut-off practure treatment   | 8. PARM OR LEASE NAME  FOUR Mile Draw Fed. 9. WBLL NO.  #4  10. FIBLD AND POOL OR WILDCAT  W. Pecos Slope Abo  11. SBC., T., R., M., OR BLE. AND  BURVEY OR AREA  Sec. 14-6S-22E  12. COUNTY OR PARISH 13. STATE  Chaves NM  OF Other Data  REPAIRING WELL |
| McKay Oil Corporation ADDRESS OF OPERATOR  P.O. Box 2014, Roswell, Location of Well (Report location clear See also apace 17 below.) At surface  1930' FEL & 660' FSL  PERMIT NO.  Check Appr NOTICE OF INTENTIO  TEST WATER SHUT-OFF FRACTI RE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) DESCRIBE PROPOSED OR COMPLETE: OPERAT proposed work. If well is directional   | 4,207 GL  opriate Box To Indicate  I OR ALTER CASING  TIPLE COMPLETE  NEON*   | OCT 28 1986  y State requirements. D.  ARTESIA, OFFICE  OF, RT, GR, etc.)  Nature of Notice, Report, of the shut-off phacture treatment  | Four Mile Draw Fed.  9. WELL NO.  #4  10. FIELD AND POOL OR WILDCAT  W. Pecos Slope Abo  11. SBC., T., E., M., OR BLE. AND  SURVEY OR AREA  Sec. 14-6S-22E  12. COUNTY OR PARISH 13. STATE  Chaves NM  OF Other Data  REPAIRING WELL                       |
| P.O. Box 2014, Roswell, LOCATION OF WELL (Report location clean See also space 17 below.)  At surface  1930 FEL & 660 FSL  PERMIT NO.  Check Approved the Conference of Intention of Action of Action of Intention of Action of Ac | 4,207 GL  opriate Box To Indicate  I OR ALTER CASING  TIPLE COMPLETE  NEON*   | Nature of Notice, Report, of Water Shut-off  | 9. WBLL NO.  #4  10. FIBLD AND POOL OR WILDCAT  W. Pecos Slope Abo  11. SBC., T., R., M., OR BLK. AND  BURVEY OR AREA  Sec. 14-6S-22E  12. COUNTY OR PARISH 13. STATE  Chaves NM  Or Other Data  SEQUENT REPORT OF:  |
| Check Appr  Check Appr  NOTICE OF INTENTIO  TEST WATER SHUT-OFF FRACTI RE TREAT SHOOT OR ACIDIZE REPAIR WELL Other)  DENCRIBE PROPOSED OR COMPLETED OPERAT Proposed work. If well is directional   | 4,207 GL  opriate Box To Indicate  I OR ALTER CASING  TIPLE COMPLETE  NEON*   | ARTESIA, OFFICE  DF. RT. GR. etc.)  Nature of Notice, Report, of the subsection of t | W. Pecos Slope Abo  11. SBC., T. R., M., OR BLK. AND  SURVEY OR AREA  Sec. 14-6S-22E  12. COUNTY OR PARISH 13. STATE  Chaves NM  Or Other Data  REPAIRING WELL   |
| Check Appr NOTICE OF INTENTIO  TEST WATER SHUT-OFF FRACTI RE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) DENGRIBE PROPOSED OR COMPLETED OPERAT proposed work. If well is directional  | 4,207 GL opriate Box To Indicate in to: L OR ALTER CASING TIPLE COMPLETE NEON*  | Nature of Notice, Report, of sub-water shut-off fracture treatment   | Sec. 14-6S-22E  12. COUNTY OR PARISH Chaves  Or Other Data  REPAIRING WELL   |
| Check Appr NOTICE OF INTENTIO  TEST WATER SHUT-OFF FRACTI RE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) DENORTHE PROPOSED OR COMPLETED OPERAT proposed work. If well is directional  | 4,207 GL opriate Box To Indicate in to: L OR ALTER CASING TIPLE COMPLETE NEON*  | Nature of Notice, Report, of BUE WATER SHUT-OFF PRACTURE TREATMENT   | Chaves NM  Or Other Data  SEQUENT ESPORT OF:   |
| NOTICE OF INTENTIO  TEST WATER SHUT-OFF FRACTI RE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) DESCRIBE PROPOSED OR COMPLETED OPERAT proposed work. If well is directional   | opriate Box To Indicate  N TO:  L OR ALTER CASING  TIPLE COMPLETE  NDON*  | Nature of Notice, Report, of sure water shut-off fractube treatment  | OF Other Data  SEQUENT REPORT OF:  REPAIRING WELL  |
| NOTICE OF INTENTIO  TEST WATER SHUT-OFF PUL  FRACTURE TREAT SHOOT OR ACIDIZE ABA  REPAIR WELL (Other) DESCRIBE PROPOSED OR COMPLETED OPERAT  proposed work. If well is directional   | N TO: L OR ALTER CASINGTIPLE COMPLETE NDON*   | NUTER SHUT-OFF PRACTUBE TREATMENT  | REPAIRING WELL   |
| TEST WATER SHUT-OFF  FRACTI RE TREAT SHOOT OR ACIDIZE ABA REPAIR WELL (Other) DESCRIBE PROPOSED OR COMPLETED OPERAT proposed work. If well is directional  | U OR ALTER CASING   | WATER SHUT-OFF FRACTUBE TREATMENT  | REPAIRING WELL   |
| FRACTURE TREAT SHOOT OR ACIDIZE ABA REPAIR WELL (Other) DESCRIBE PROPOSED OR COMPLETE: OPERAT proposed work. If well is directional  | TIPLE COMPLETE NEON*  | FRACTUBE TREATMENT   |  |
| REPAIR WELL  (Other)  DESCRIBE PROPOSED OR COMPLETED OPERAT proposed work. If well is directional  | Nbon*   | :  |  |
| (Other)  DESCRIBE PROPOSED OR COMPLETED OPERAT proposed work. If well is directional   | 11.7  | SHOULING OR ACIDIZING  | ALTERING CASING  |
| Other)  DESCRIBE PROPOSED OR COMPLETED OPERAT proposed work. If well is directional  | 1 .   | (Other)Produ   | ABANDONMENT*   |
| proposed work. If well is directional  | :   | NOTE: Report res   | sults of multiple completion on Well<br>completion Report and Log form.)   |
| Cemented<br>Plug down  | w/300 sxs. 65/35 l<br>n @ 5:30 p.m. Ran   | POZ "C" Cement. Dis<br>1" Kobe pipe to 140   | 3362'. Circ. mud 1 hr. splaced w/2% KCL water. 00'. Cemented to surface mpleted cement job @ 8   |
|  |   | OCT 12 10  | 86   |
| I hereby certify that the foregoing is tr  | riguez TITLE P  | roduction Analyst  | DATE 10-15-86  ACCEPTED FOR RECORD   |
| (This space for Federal or State office t  |   |  | PETER W. CHESTER   |
| (This space for Federal or State office to APPROVED BY   | TITLE   |  | DATE OCT 27 1986   |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.