

45F

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

5. LEASE DESIGNATION AND SERIAL NO.
NM-36193

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Four Mile Draw Fed.

9. WELL NO.
#8

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

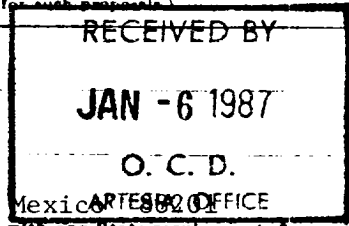
11. SEC., T., S., R., OR BLK. AND
SUBST. OR AREA
Section 15-6S-22E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

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
Post Office Box 2014, Roswell, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1780' FNL & 1780' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4328' 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	☐	WATER SHUT-OFF	☐
FRAC TURE TREAT	☐	FRAC TURE TREATMENT	☐
SHUT IN OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	OTHER: Production csg.	☒
OTHER:	☐	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE, IN BRIEF, THE PROPOSED WORK, OR, IF 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.)

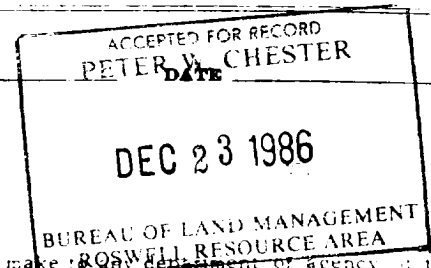
12-13-86 Ran in hole w/79 jts. 4 1/2" casign, 9.5# ST&C casing, cemented set @ 3317', cemented w/300 sxs. 65/35 POZ "C" w/2% gel, 4/10th of 1% Halad 4, 3/10th of 1% CFR 3, 5# salt, 1/4# flow seal, 5# gilsonite, cemented through 1" @ 1400', w/250 sxs. Halliburton Lite, circ. 10 sxs. Plug down @ 12 a.m.

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

SIGNED: [Signature] TITLE: Production Analyst DATE: 12-16-86

(This space for Federal or State office use)

APPROVED BY: [Signature] TITLE: [Blank]
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side