

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NM Oil Cons. Commission  
Artesia, NM 88210

Expires August 1, 1985  
LEASE DESIGNATION AND SERIAL

NM-36192-A

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  
880' FNL & 880' FEL

5. LEASE DESIGNATION AND SERIAL  
NM-36192-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Hosmer Federal

9. WELL NO.  
#3

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 13-6S-22E

12. COUNTY OR PARISH  
Chaves

13. STATE  
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4111' GR

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"/> | WATER SHUT-OFF                                                                                        | <input type="checkbox"/>            |
| FRACTURE TREAT          | <input type="checkbox"/> | FRACTURE TREATMENT                                                                                    | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE        | <input type="checkbox"/> | SHOOTING OR ACIDIZING                                                                                 | <input type="checkbox"/>            |
| REPAIR WELL             | <input type="checkbox"/> | REPAIRING WELL                                                                                        | <input type="checkbox"/>            |
| (Other)                 | <input type="checkbox"/> | ALTERING CASING                                                                                       | <input type="checkbox"/>            |
| FILL OR ALTER CASING    | <input type="checkbox"/> | ABANDONMENT*                                                                                          | <input type="checkbox"/>            |
| MULTIPLE COMPLETION     | <input type="checkbox"/> | Commencement of gas sales                                                                             | <input checked="" type="checkbox"/> |
| ABANDON*                | <input type="checkbox"/> | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |                                     |
| CHANGE PLANS            | <input type="checkbox"/> |                                                                                                       |                                     |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Fully 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.\*

Commenced gas sales to pipeline on 5-1-87



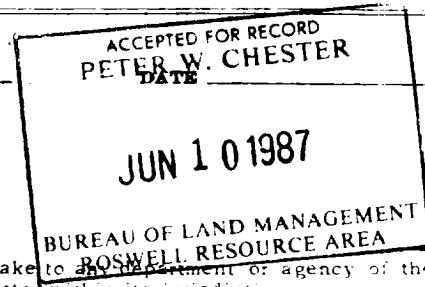
18. I hereby certify that the foregoing is true and correct

SIGNED Theresa Rodriguez TITLE Production Analyst DATE 5-5-87

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side