o/sr

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil Cons. Commission
reverse side
Drawer DD
Artesia, NM 88210

SUBMIT IN TRIPLICATE*

Expires August 31, 1985

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.)

5. LEASE DESIGNATION AND SERIAL
NM-36192

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

OIL WELL ☐	GAS WELL ☒	OTHER		

RECEIVED BY
JAN 26 1987
O. C. D.
ARTESIA OFFICE

2. NAME OF OPERATOR
McKay Oil Corporation ✓

3. ADDRESS OF OPERATOR
Post Office Box 2014, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
FS-
1980' FWL & 660' FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Lookout Federal

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
Section 9-6S-22E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4365' GL 4356

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	☐	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) Production Casing			☒
(Other)							

(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.) *

1-14-87   Ran in hole w/80 jts., 4½" 9.5#, K-55 casing, cemented w/325 sxs.
65/35 POZ "C" mix, 4/10th of 1% Halad 4, 3/10th of 1% CFR3, 5#
gilsonite, ¼# floseal, 2% gel, 5# salt, plug down @ 9 a.m. 1-13-87

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

SIGNED Theresa Rodriguez   TITLE Production Analyst   DATE 1-15-87

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE

JAN 21 1987

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

See Instructions on Reverse Side