

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

Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO.  
NM-32308  
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   | 7. UNIT AGREEMENT NAME   |
| 2. NAME OF OPERATOR<br>McKay Oil Corporation  | 8. FARM OR LEASE NAME<br>L. L. & E. Federal                          |
| 3. ADDRESS OF OPERATOR<br>Post Office Box 2014, Roswell, New Mexico 88201   | 9. WELL NO.<br>#5  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>990' FSL & 660' FEL | 10. FIELD AND POOL, OR WILDCAT<br>W. Pecos Slope Abo                 |
| 14. PERMIT NO.  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Section 1-6S-22E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>4238' GL  | 12. COUNTY OR PARISH<br>Chaves                                       |
|   | 13. STATE<br>NM  |

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

|                     |                      |
|---------------------|----------------------|
| TEST WATER SHUT-OFF | PULL OR ALTER CASING |
| FRACTURE TREAT      | MULTIPLE COMPLETION  |
| SHOOT OR ACIDIZE    | ABANDON*             |
| REPAIR WELL         | CHANGE PLANS         |
| (Other)             |                      |

SUBSEQUENT REPORT OF:

|                        |                 |
|------------------------|-----------------|
| WATER SHUT-OFF         | REPAIRING WELL  |
| FRACTURE TREATMENT     | ALTERING CASING |
| SHOOTING OR ACIDIZING  | ABANDONMENT*    |
| (Other) Spud & surface | X               |

(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.) \*

2-19-87 Spudded 12 1/4" hole @ 12:30 a.m.

2-20-87 Ran in hole w/23 jts. 8 5/8", 24#, J-55 API casing, set @ 1012', cemented w/150 sxs. Pacemaker Lite w/4% CaCl, 150 sxs. Class "C" w/3% CaCl, plug down @ 5:15 a.m., did not circ. Ran TS, survey indicated TOC @ 700'. RIH w/1: kobe pipe, tagged @ 730', brought to surface in 10 stages w/350 sxs. Class "C" w/5% CaCl, 420 gals. aqua fix, 8 yds pea gravel. 1" job completed @ 7:15 p.m.

RECEIVED BY  
MAR -5 1987  
O. C. D.  
ARTESIA, OFFICE



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

SIGNED Theresa Rodriguez TITLE Production Analyst DATE 2-23-87  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
PETER W. CHESTER  
DATE  
FEB 27 1987  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side