

Form 100-10 (November 1963)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil Cons. Commission
Drawer DD

SUBMIT IN (Other Instr.)
DATE

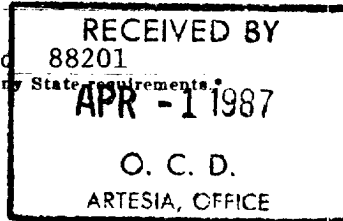
EXPIRATION DATE: 31, 1985
LEASE DESIGNATION AND SERIAL

457

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR McKay Oil Corporation	8. FARM OR LEASE NAME Snakeweed Federal
3. ADDRESS OF OPERATOR Post Office Box 2014, Roswell, New Mexico 88201	9. WELL NO. #3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1980' FEL	10. FIELD AND POOL OR WILDCAT W. Pecos Slope Abo
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 18-6S-23E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4137' GR	12. COUNTY OR PARISH Chaves
	13. STATE NM



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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)		Production Casing	<input checked="" type="checkbox"/>

(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.) *

2-23-87 Ran in hole w/88 jts. 4½" 10.5#, J-55 API casing, set @ 3430', mkr. jts. between 2944-2977. Cemented w/325 sxs. 65/35 POZ, displaced w/2% KCL water, finished job @ 11:45 a.m. 2-22-87. RIH w/1" Kobe pipe, brought cement to surface w/250 sxs. Pacesetter Lite "C", circ. 20 sxs. 1" job completed @ 3:15.

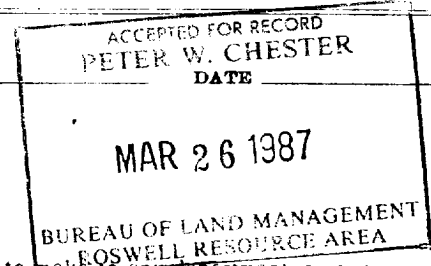


18. I hereby certify that the foregoing is true and correct

SIGNED Yeresa Rodriguez TITLE Production Analyst DATE 3-18-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side