

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Budget Bureau No. 1004-0
Expires August 31, 1985

clsr

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 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below)
At surface
330' FWL & 773' FNL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RL, CR, etc.)
4303'

RECEIVED

MAR 07 '89

C. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL
NM-36190

6. IF INDIAN, ALLOTTEE OR TRIBE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Eppers Fed.

9. WELL NO.
#2

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

11. SEC., T., R., M., OR BLS. AND SURVEY OR AREA
Sec. 34-5S-21E

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:

| | | | |
|------------------------|-------------------------|---------------------------|--------------------|
| 1. STOP WATER SHUT-OFF | 2. FILL OR ALTER CASING | 3. WATER SHUT-OFF | 4. REPAIRING WELL |
| 5. FRACTURE TREAT | 6. MULTIPLE COMPLETE | 7. FRACTURE TREATMENT | 8. ALTERING CASING |
| 9. SHOOT OR ACIDIZE | 10. ABANDON* | 11. SHOOTING OR ACIDIZING | 12. ABANDONMENT* |
| 13. REPAIR WELL | 14. CHANGE PLANE | 15. (Other) | |

NTL-2B

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. FURTHER 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.)

56 BBL Fiberglass tank on location to contain fluids. Disposal by evaporation or trucked to disposal site.



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

SIGNED

TITLE Operations Supervisor

DATE 1/10/89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
PETER W. CHESTER
DATE

MAR 6 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side