

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM ONTARIO, Commission
(Other Instruction)
Artesia, NM 88210

Form approved
Budget Bureau No. 1004-1
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL

2/51

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 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface

1905' FSL & 1322' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RL, GR, etc.)

4211' GR

MAR 07 '89

O. C. D.

ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Inexco Fed.

9. WELL NO.

#2

10. FIELD AND POOL OR WILDCAT

W. Pecos Slope Abo

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA

Sec. 25-5S-21E

12. COUNTY OR PARISH 13. STATE

Chaves

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. PULL OR ALTER CASING

3. WATER SHUT OFF

4. REPAIRING WELL

5. FRACTURE TREAT

6. MULTIPLE COMPLETION

7. FRACTURE TREATMENT

8. ALTERING CASING

9. SHOOT OR ACIDIZE

10. ABANDON*

11. SHOOTING OR ACIDIZING

12. ABANDONMENT*

13. REPAIR WELL

14. CHANGE PLANS

15. (Other)

16. (Other)

NTL-2B

(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.)

Fiberglass tanks to contain fluids. Disposal by evaporation or trucking to disposal site.

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

SIGNED

TITLE Operations Supervisor

DATE 12-26-88

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE APPROVED
PETER W. CHESTER

MAR 6 1989

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT