

(November 1983)
(Formerly 9-331)

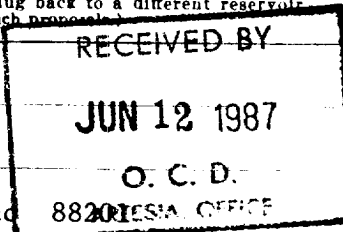
UNITED STATES NM Oil Cons. Commission
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Albuquerque, NM 88210

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL
NM-32322-A

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



6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Middle Fork Federal
9. WELL NO.
#3
10. FIELD AND POOL OR WILDCAT
W. Pecos Slope Abo
11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
Sec. 8-6S-23E
12. COUNTY OR PARISH
Chaves
13. STATE
NM

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4165' GR

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

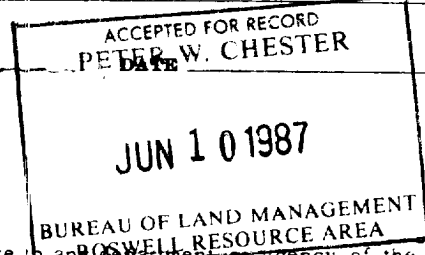
NOTICE OF INTENTION TO:
TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐
SUBSEQUENT REPORT OF:
WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) Commencement of gas sales ☒
(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.)*

Commenced gas sales to pipeline on 5-2-87



18. I hereby certify that the foregoing is true and correct
SIGNED Theresa Rodriguez TITLE Production Analyst DATE 5-5-87
(This space for Federal or State office use)
APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side