

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

NM Oil Cons. Commission
Drilling Permit
Artesia, NM 88210

Drilling Permit
Expires August 1, 1988
LEASE DESIGNATION AND SERIAL
NM-32322

215P

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. TYPE OF WELL
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:

1880' FWL & 1980' FNL

14. DEPTH (ft.)

15. ELEVATION (Show whether DE, RL, OR, etc.)

4214'

MAR 07 '89

O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Miller Fed.

9. WELL NO.

#2

10. FIELD AND FOOT OF WELL

W. Pecos Slope Abo

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

Sec. 7-6S-23E

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:

1. STOP WATER SHUT-OFF

2. FULL OR ALTER CASING

3. ALTER TREATMENT

4. COMPLETE

5. ALTER SIZE

6. ABANDON*

7. ALTER WELL

8. CHANGE PLANE

9. OTHER

NTL-2B

SUBSEQUENT REPORT OF:

1. WATER SHUT-OFF

2. REPAIRING WELL

3. FRACTURE TREATMENT

4. ALTERING CASING

5. SHOOTING OR ACIDIZING

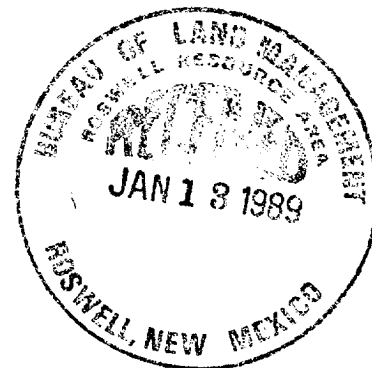
6. ABANDONMENT*

7. OTHER

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

17. (If well is completed or completed operations: Clearly state all pertinent details and give pertinent dates, including estimated date of starting any future work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

A Fibergalss tank will hold all fluids. Disposal by method of evaporation or trucked to a 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
DATE
PETER W. CHESTER

MAR 6 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side