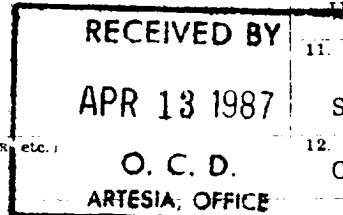


UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil Cons. Commission
Drawer DD
Artesia, NM 88210

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR McKay Oil Corporation	8. FARM OR LEASE NAME S. 4 Mile Draw Federal
3. ADDRESS OF OPERATOR Post Office Box 2014, Roswell, New Mexico 88201	9. WELL NO. #6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 610' FNL & 400' FEL	10. FIELD AND POOL OR WILDCAT Pecos Slope Abo
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 21-6S-22E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4330' GR	12. COUNTY OR PARISH Chaves
	13. STATE NM



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

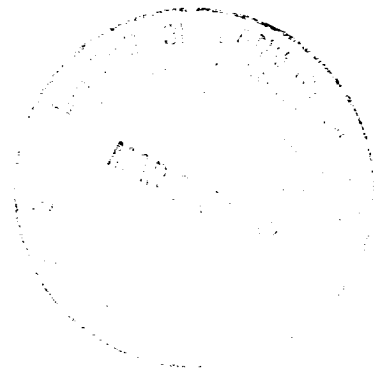
NOTICE OF INTENTION TO		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF	☐	WATER SHUT OFF	☐
FRAC TURE TREAT	☐	FRAC TURE TREATMENT	☐
SHUT IN OR ACIDIZE	☐	SHUT IN OR ACIDIZING	☐
REPAIR WELL	☐	REPAIRING WELL	☐
OTHER	☐	ALTERING CASING	☐
		ABANDONMENT*	☒

17. (If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Spud and surface casing

2-19-87 Spudded 12 1/4" hole @ 5:30 p.m.

2-21-87 Ran in hole w/20 jts. 8 5/8", J-55, R3, 23#, set @ 902', cemented w/50 sxs. Premium Plus w/4% CaCl, 150 sxs. Halliburton Lite w/4% CaCl, 100 sxs. Premium Plus w/4% CaCl, plug down @ 3 p.m. 2-20-87, did not circ. Ran TS, survey indicated TOC @ 620', tagged @ 650'. Plug #1 set @ 540', cemented w/35 sxs. Premium Plus w/4% CaCl, Plug #2 set @ 400', cemented w/35 sxs. Premium Plus w/4% CaCl,; Plug #3 set @ 400', cemented w/35 sxs. Premium Plus w/4% CaCl, : Plug #4 set @ 210', cemented w/70 sxs Premium Plus w/4% CaCl. Circ. cement to surface.



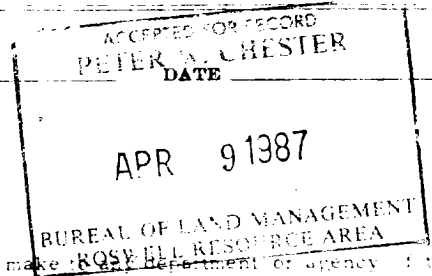
18. I hereby certify that the foregoing is true and correct

SIGNED Theresa Rodriguez TITLE Production Analyst DATE 3-26-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side