

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

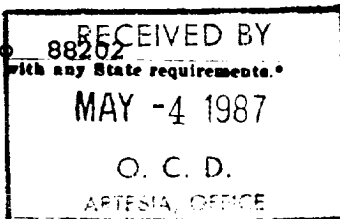
SUBMIT IN  
(Other than) Commission

45F  
LEASE DENOMINATION AND SERIAL  
NM-32308  
IF INDIAN, ALLOTTEE OR TRIBE NAME

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR McKay Oil Corporation	8. FARM OR LEASE NAME L.L. & E Federal
3. ADDRESS OF OPERATOR P.O. Box 2014, Roswell, New Mexico	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1400' FNL & 660' FEL	10. FIELD AND POOL OR WILDCAT W. Pecos Slope-Abo
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T6S, R22E
15. ELEVATIONS (Show whether DV, RT, GR, etc.) 4186' GR	12. COUNTY OR PARISH Chaves
	13. STATE N.M.



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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) NTL-2B	

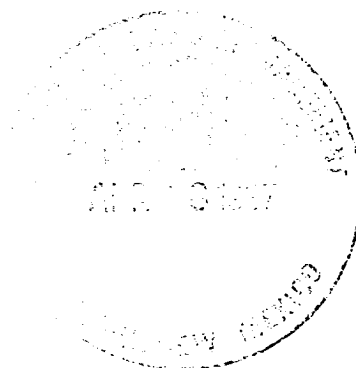
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other)	

(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.)\*

In accordance with Section VII., "Disposal Facilities for New Wells", operator requests the 90 day temporary disposal into unlined pits. Such time is requested to accurately measure well to determine salt water production(if any). Salt water will be disposed in the working pits.



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

SIGNED Peter W. Chester TITLE Landman DATE 4/27/87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:  
APPROVED FOR — MONTH PERIOD  
ENDING AUG 27 1987  
\*See Instructions on Reverse Side

APPROVED  
DATE  
PETER W. CHESTER

APR 29 1987

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA