

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

LEASE DESIGNATION AND SERIAL

NM-36192

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Lookout Fed.

WELL NO.

#9

FIELD AND POOL OR WILDCAT

W. Pecos Slope Abo

SEC., T., R., M., OR BLM. AND SURVEY OR AREA

Sec. 9-6S-22E

COUNTY OR PARISH STATE

Chaves

NM

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

660' FNL & 1980' FWL

14. PERMIT NO.

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

4356' GL

RECEIVED

JAN 12 '89

O. C. D.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRAC TURE TREAT

SHOOTING OR ACIDIZING

REPAIR WELL

OTHER

REPAIR OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

NTL-2B

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRAC TURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATION. (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.)

Fluids contained in 56 bbl fiberglass tank. Disposal by evaporation or trucked to disposal site.

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

SIGNED Dale Kelton by TITLE Operations Supervisor

DATE 1/4/89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE
PETER W. CHESTER

JAN 6 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side