

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

Form approved
Bureau Bulletin No. 1004-1
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL

45F

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
460' FSL & 460' FEL

5. UNIT AGREEMENT NAME

6. FARM OR LEASE NAME
Pierce Fed.

7. WELL NO.
#1

8. FIELD AND POOL OR WILDCAT
W. Pecos Slope Abo

9. SEC., T., S., M., OR BLK. AND SURVEY OR AREA
Sec. 4-6S-22E

10. COUNTY OR PARISH
Chaves

11. STATE
NM

12. PERMIT NO.

13. ELEVATIONS (Show whether DF, RT, GR, etc.)
4336' GL

14. O. C. D.
ARTESIA OFFICE

JAN 12 '89

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) NTL-2B

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE 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 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.) *

Salt water to be contained in a fiberglass tank or barrel. 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 12-8-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
DATE
PETER W. CHESTER

JAN 6 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side