

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NM Oil Lands, Com. Station  
Artesia, NM 88210

Expires August 31, 1985

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 <input type="checkbox"/>		RECEIVED BY MAR -5 1987 O. C. D. ARTESIA OFFICE		5. LEASE DESIGNATION AND SERIAL NM-32323	
2. NAME OF OPERATOR McKay Oil Corporation ✓				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Post Office Box 2014, Roswell, New Mexico 88201				7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 450' FSL & 330' FWL				8. FARM OR LEASE NAME Snakeweed Federal	
				9. WELL NO. #1	
				10. FIELD AND POOL, OR WILDCAT W. Pecos Slope Abo	
				11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA Section 18-6S-23E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DP, RT, GR, etc.) 4017'		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:

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) <input type="checkbox"/>	

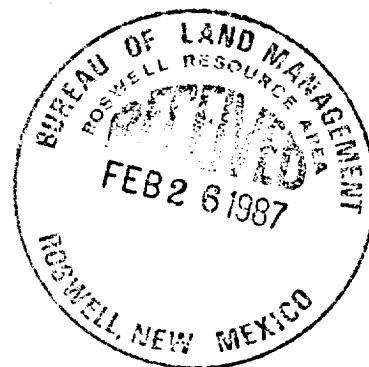
SUBSEQUENT REPORT OF:

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) <input checked="" type="checkbox"/> Production casing	

(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.) \*

2-16-87 Ran in hole w/83 jts. 4½", 11.6#, K-55 API casing, set @ 3327', mkr. jt. between 2850' - 2827', cemented w/325 sxs. 65/35 POZ "C" displaced w/2% KCL water, plug down @ 3:30 a.m. Ran in hole w/1" Kobe pipe cmt w/50 sxs. Pacesetter Lite "C", cemented from 1472' to surface, circ. 15 sxs. Finished 1" job @ 7:15 a.m.



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

SIGNED Theresa Rodriguez TITLE Production Analyst DATE 2-23-87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
PETER W. CHESTER

DATE

MAR 3 1987

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side