

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN PRELIMINARY
MISSION

Budget Date: 1004-1
Expires Aug 31, 1985

dsf

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		2. NAME OF OPERATOR McKay Oil Corporation		3. ADDRESS OF OPERATOR Post Office Box 2014, Roswell, NM 88201		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		5. RECEIVED JAN 12 '89 O. C. D.		6. LEASE DESIGNATION AND SERIAL NM-32323		7. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4017'		12. COUNTY OR PARISH Chaves		13. STATE NM		8. UNIT AGREEMENT NAME		9. FARM OR LEASE NAME Snakeweed Fed.		10. WELL NO. #1	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec, 18-6S-23E		12. FIELD AND POOL OR WILDCAT W. Pecos Slope Abo		13. SURVEY OR AREA		14. COUNTY OR PARISH Chaves		15. STATE NM		16. FIELD AND POOL OR WILDCAT W. Pecos Slope Abo		17. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec, 18-6S-23E	

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other)	<input type="checkbox"/>		
(Other) NTL-2B				(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

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
PETER W. CHESTER

JAN 6 1989

BUREAU OF LAND MANAGEMENT
ROSWell RESOURCE AREA

*See Instructions on Reverse Side