

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil Cons. Comm
Dravet, pp
Artesia, NM 88210

Form approved:
Budget Bureau No. 1001-1
Expires August 31, 1985

15F

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
1980' FSL & 1980' FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether DE, RT, GR, etc.)
4278' O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL
NM-36194

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
S. Four Mile Draw Fed. Com.

9. WELL NO.
#8

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

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA
Sec. 22-6S-22E

12. COUNTY OR PARISH 13. STATE
Chaves NM

MAR 07 '89

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

16. NOTICE OF INTENTION TO:

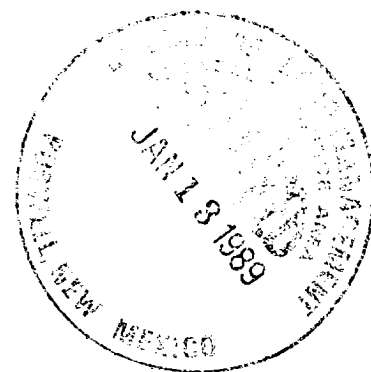
1. STOP WATER SHUT OFF	2. PULL OR ALTER CASING	3. WATER SHUT OFF	4. REPAIRING WELL
5. FRACTURE TREAT	6. MULTIPLE COMPLETE	7. FRACTURE TREATMENT	8. ALTERING CASING
9. SHOOTING OR ACIDIZE	10. ABANDON*	11. SHOOTING OR ACIDIZING	12. ABANDONMENT*
13. REPAIR WELL	14. CHANGE PLANS	(Other)	

NTL-2B

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

18. (NOTE: 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.)

56 BBL Fiberglass tank on location to contain fluids. Disposal by evaporation or trucked to disposal site.



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

SIGNED [Signature] TITLE Operations Supervisor DATE 1/10/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
PETER W. CHESTER
MAR 6 1989
BUREAU OF LAND MANAGEMENT
NEW MEXICO

*See Instructions on Reverse Side