

(November 1983)
(Formerly 9-331)

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

Revised April 1, 1985
LEASE DESIGNATION AND SERIAL

NM-32323-A

IF INDIAN, ALLOTTEE OR TRIBE NAME

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	<div>MAY -4 1987 O. C. D.</div>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR McKay Oil Corporation		8. FARM OR LEASE NAME Five Mile Tank Federal
3. ADDRESS OF OPERATOR P.O. Box 2014, Roswell, New Mexico 88202 ARTESIA, OFFICE		9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with all State requirements. See also space 17 below.) At surface 1650' FSL & 1980' FWL		10. FIELD AND POOL OR WILDCAT W. Pecos Slope-Abo
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4094' GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T6S, R23E
		12. COUNTY OR PARISH Chaves
		13. STATE N.M.

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) <input type="checkbox"/>
(Other) NTL-2B	X	(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.)*

In accordance with Section VII., "Disposal Facilities for New Wells", operator requests the 90 day temporary disposal into unlined pits. Such time is requested to accurately measure well to determine salt water production (If any). Salt water will be disposed in the working pits.

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

SIGNED <u>Larry W. Frankle</u>	TITLE <u>Landman</u>	DATE <u>4/27/87</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	<div>APPROVED PETER CHESTER APR 29 1987 BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA</div>
CONDITIONS OF APPROVAL, IF ANY: APPROVED FOR — MONTH PERIOD ENDING <u>AUG 27 1987</u> *See Instructions on Reverse Side		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.