

DEPARTMENT OF THE INTERIOR

BUREAU LAND MANAGEMENT Artesia, NM 8

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.)

RECEIVED

OCT 24 1991

O. C. D.

ARTESIA OFFICE

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NM-36193
2. NAME OF OPERATOR McKay Oil Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office Box 2014, Roswell, NM 88201	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1980' FEL	8. FARM OR LEASE NAME Four Mile Draw Fed.
14. PERMIT NO.	9. WELL NO. #9
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4340'	10. FIELD AND POOL, OR WILDCAT W. Pecos Slope Abo
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-6S-22E
	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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

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.)*

TIH with drill pipe. TOH laying down drill pipe. RU to run 4.5" 10.5# casing. Set casing @ 2967' with 93 jts. RU Halliburton to cement with 280 sxs. Howco Premium Plus. Bumped plug @ 12:09. Shut down.

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

SIGNED

Theresa Rodriguez

TITLE Production Analyst

DATE 10-8-91

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

OCT 18 1991

*See Instructions on Reverse Side