

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THIS
NM Oil Conservation Division
Drawer DD
Artesia, NM 88210

9/5 F
Budget Fy 85 N 1004
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL
NM-36191
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 <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR McKay Oil Corporation	8. FARM OR LEASE NAME Pierce Federal
3. ADDRESS OF OPERATOR Post Office Box 2014, Roswell, New Mexico 88201	9. WELL NO. #10
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2108' FWL & 600' FSL	10. FIELD AND POOL OR WILDCAT W. Pecos Slope Abo
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 5-6S-22E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4445' GL	12. COUNTY OR PARISH Chaves
	13. STATE NM

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

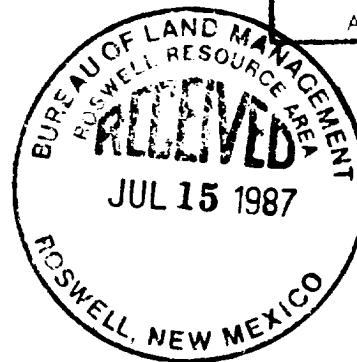
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Commenced gas sales	(Other) <input checked="" type="checkbox"/>

(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.)*

Commenced gas sales to pipeline on 7-7-87.

RECEIVED BY
JUL 20 1987
O. C. D.
ARTESIA, NM



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

SIGNED <u>Theresa Rodriguez</u>	TITLE <u>Production Analyst</u>	DATE <u>7-10-87</u>
(This space for Federal or State office use) S/Homer Meyer, Acting		
APPROVED BY	TITLE <u>JUL 16 1987</u>	DATE <u>Area Manager</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side