

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

NM Oil Conservation Commission
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Artesia, NM 88210

Form approved
Budget Base No. 1004-1
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL

c/5P

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 Fed.
3. ADDRESS OF OPERATOR Post Office Box 2014, Roswell, NM 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 Sec. 5-6S-22E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4445' GR	12. COUNTY OR PARISH Chaves
O. C. D. ARTESIA OFFICE	13. STATE NM

RECEIVED
JAN 12 '89

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

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 [Signature] TITLE Operations Supervisor DATE 12-8-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED
DATE
PETER W. CHESTER
JAN 6 1989
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA