

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

NM Oil & Gas Commiss
Other Instructions
See side

Form approved
Budget Bureau No. 1004-1
Expires August 31, 1985

157

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
990' FWL & 660' FSL

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DE, RL, OR, etc.)
4223'

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

9. WELL NO.
#11

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

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

12. COUNTY OR PARISH
Chaves

13. STATE
NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
DEST. WATER SHUT OFF	PULL OR ALTER CASING	WATER SHUT OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	

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

17. (If work 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 is on location to contain fluids. Disposal by evaporation or turcked to disposal site.



18. I hereby certify that the foregoing is true and correct
SIGNER *[Signature]* TITLE Operations Supervisor DATE 1/10/89

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

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

*See Instructions on Reverse Side