

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil Cons. Commission
Drawn, Dupl. TriPLICATE
Other instructions on re-
verse side
Artesia, NM 88210

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

5. LEASE DESIGNATION AND SERIAL
NM-32308
6. 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 ☐ GAS WELL ☒ OTHER ☐
2. NAME OF OPERATOR
McKay Oil Corporation
3. ADDRESS OF OPERATOR
P.O. Box 2014, Roswell, New Mexico 88202
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1485 FWL & 660 FNL

RECEIVED

MAR 24 '88

ARTESIA, OFFICE

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
L.L.&E. Federal
9. WELL NO.
3
10. FIELD AND POOL OR WILDCAT
W. Pecos Slope Abo
11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA
Sec. 12-6S-22E
12. COUNTY OR PARISH
Chaves
13. STATE
NM

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4177'

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) 1 year extension-APD ☒

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.) *

Operator requests a 1 year extension of the Application for Permit to Drill on the referenced location.

Expiration 3-12-88

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

SIGNED

James L. Schell

TITLE

Landman

DATE

3-12-88

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE
PETER W. CHESTER

MAR 21 1988

BUREAU OF LAND MANAGEMENT
ROSSELL RESOURCE AREA

*See Instructions on Reverse Side