

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil Cons. Commission
Drawer DD
Artesia, NM 88210

LEASE DESIGNATION AND SERIAL

NM-32308

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

L L & E Federal

WELL NO.

#3

FIELD AND POOL OR WILDCAT

W. Pecos Slope Abo

SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

Sec. 12-6S-22E

COUNTY OR PARISH

Chaves

STATE

NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or plug back to a different depth.
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
1485' FWL & 660' FNL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4177'

APR 18 '88

O. C. D.

ARTESIA OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF	DEEPEN OR ALTER CASING
FRAC TURE TREATMENT	MULTIPLE COMPLETION
SHOOTING OR ACIDIZING	ABANDONMENT
REPAIR WELL	CHANGE PLANE
OTHER	

SUBSEQUENT REPORT OF:

WATER SHUT OFF	REPAIRING WELL
FRAC TURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT
OTHER	

NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.

17. TEST WELL OR CLOSED OR COMPLETED OPERATIONS: Affirmatively 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.

Spudded 12 1/2" starter hole @ 9:15 p.m. on 3-23-88

RECEIVED
MAR 20 9 23 AM '88
BUREAU OF LAND MGMT
ROS WELL RESOURCE
AREA

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

SIGNED _____ TITLE Production Analyst DATE 3-25-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE
APR 15 1988
BUREAU OF LAND MANAGEMENT
ROS WELL RESOURCE AREA

*See Instructions on Reverse Side