

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

NEW 011 CSDM  
Other Instruc. on re-  
Drawn DD  
Artesia, NM 88210

Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO.  
NM-33271  
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 <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 Pecos Federal
3. ADDRESS OF OPERATOR Post Office Box 2014, Roswell, New Mexico 88201	9. WELL NO. #1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 660' FWL	10. FIELD AND POOL OR WILDCAT Pecos Slope-Abo
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34-7S-26E
15. ELEVATIONS (Show whether D., RT., GR., or AR.) 3758' GR	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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

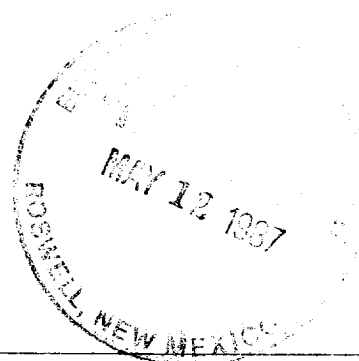
WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/>	Surface & Production csg.	<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.)\*

3-19-87 Ran in hole w/18 jts. 8 5/8", 23#, STC casing. Set @ 827', cemented w/360 sxs. Halliburton Lite w/2% CaCl, 200 sxs. Premium Plus w/2% CaCl, circ. 55 sxs. Plug dn. @ 4:15 p.m. Cemented from top to bottom, no need for plugs.

3-27-87 Ran in hole w/108 jts. 4 1/2", 10.5#, used casing. Set @ 4575', cemented w/325 sxs. 65/35 Premium Plus POZ mix w/2% gel, 4/10th of 1% Halad 4, 3/10th of 1% CFR3, 5# gilsonite, 1/2# floseal, 5# salt. Plug down @ 8 p.m. Top of marker jt. set @ 4006'. Cmt. thru 1" from 1450' to surface w/250 sxs. Halliburton Lite.



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

SIGNED Sheresa Rodriguez TITLE Production Analyst DATE 5-11-87  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
PETER W. CHESTER  
DATE  
MAY 18 1987  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side