

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

NM Oil Conservation
Drawing
Other Instruction
Title

1500

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

2157

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. WELL TYPE: ☐ 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 requirement. See also space 17 below):
AT SURFACE
1980' FSL & 660' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether OF, R., OR, etc.):
3758'

RECEIVED
MAR 07 '89
O.C.D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME: Pecos Fed.

9. WELL NO.: #1

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

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA: Sec. 34-7S-26E

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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF	REPAIR OR ALTER CASING	WATER SHUT OFF	REPAIRING WELL
FRACURE TREAT	MULTIPLE COMPLETE	FRACURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	

17. TO BE FILLED IN FOR 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.):
NTL-2B

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

5½ BBL Fiberglass tank to be installed to contain fluids. Disposal by evaporation or trucked to disposal site.



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

SIGNED: [Signature] TITLE: Operations Supervisor DATE: 1/12/89

(This space for Federal or State office use)

APPROVED BY: [Signature] TITLE: DATE: PETER W. CHESTER

CONDITIONS OF APPROVAL, IF ANY:

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

*See Instructions on Reverse Side