

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil Cons. Commission
SUBMIT IN TRIPPLICATE
Drawn on reverse side
Artesia, NM 88210

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

45P

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 ☐ JUL 18 '88

2. NAME OF OPERATOR McKay Oil Corporation ✓ C. C. D.

3. ADDRESS OF OPERATOR P.O. Box 2014, Roswell, New Mexico 88202 ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FSL & 660' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether LF, RT, GR, etc.) 4282' GR

5. LEASE DESIGNATION AND SERIAL NM-32312

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME West Fork Unit

8. FARM OR LEASE NAME WEST FORK UNIT

9. WELL NO. 2

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

11. SEC. T., R., M., OR B.L. AND SURVEY OR AREA Sec. 7, T5S, R22E

12. COUNTY OR PARISH Chaves

13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	Change Well Name		X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other)			

(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 proposes to change well name from: West Fork Federal No. 2
to: West Fork Unit No. 2



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

SIGNED Larry W. Franklin TITLE Agent DATE July 12, 1988

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

