

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

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

457

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation. Use "APPLICATION FOR PERMIT..." for such proposals.)

RECEIVED

AUG 05 '88

O. C. D.

ARTESIA, OFFICE

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  
990' FSL & 660' FWL

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

6. LEASE DESIGNATION AND SERIAL NO.  
NM-32312

7. UNIT AGREEMENT NAME  
West Fork Unit

8. FARM OR LEASE NAME  
W. FORK UNIT

9. WELL NO.  
#2

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 7-5S-22E

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:

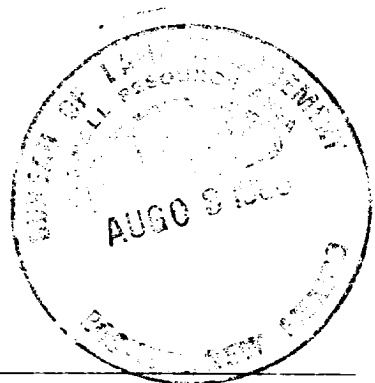
TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

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

(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.)\*

7-30-88 Spudded hole @ 4 p.m. Depth 60'.



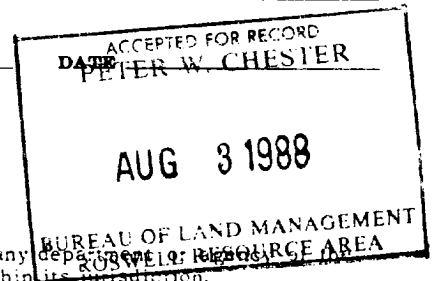
18. I hereby certify that the foregoing is true and correct

SIGNED Theresa Rodriguez TITLE Production Analyst DATE 8-2-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side