Form 3160-5
(November 1983)
(Formerly 9-331)

NM Oil Cons. Commission
Drawer DD
Artesia, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: NM-32312

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.)

RECEIVED
NOV 02 '88
O. C. D.
ARTESIA, OFFICE

1. OIL WELL [ ] GAS WELL [XX] OTHER

7. UNIT AGREEMENT NAME: West Fork Unit

2. NAME OF OPERATOR: McKay Oil Corporation ✓

8. FARM OR LEASE NAME:

3. ADDRESS OF OPERATOR: Post Office Box 2014, Roswell, New Mexico 88201

9. WELL NO.: #2

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

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4282' 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: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| TEST WATER SHUT OFF | [ ] | PULL OR ALTER CASING | [ ] | WATER SHUT OFF | [ ] | REPAIRING WELL | [ ] |
| FRACTURE TREAT | [ ] | MULTIPLE COMPLETE | [ ] | FRACTURE TREATMENT | [ ] | ALTERING CASING | [ ] |
| SHOOT OR ACIDIZE | [ ] | ABANDON* | [ ] | SHOOTING OR ACIDIZING | [ ] | ABANDONMENT* | [ ] |
| REPAIR WELL | [ ] | CHANGE PLANS | [ ] | (Other) Report of Operations | | | [X] |
| (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.) *

7-31-88
thru
8-5-88 Shut in for repairs

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

SIGNED Theresa Rodriguez TITLE Production Analyst DATE 8-5-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
OCT 26 1988
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.