

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

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

45F

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

JUN 08 '88

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
McKay Oil Corporation ✓

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
587' FEL & 995' FNL

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4082' GR

5. LEASE DESIGNATION AND SERIAL
NM-32324

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
M & M Federal

9. WELL NO.

10. FIELD AND POOL OR WILDCAT
5
W. Pecos Slope-Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T6S, R23E

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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)*

Operator proposes to construct a 2" steel pipeline as displayed on the enclosed topographic map. Proposed pipeline will be constructed on the surface as per archaeological report by Archaeological Survey Consultants.



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

SIGNED Terry W. Franklin TITLE Agent DATE 5-12-88

(This space for Federal or State office use)

APPROVED BY Spil Kirk TITLE Area Manager DATE JUN 3 1988

CONDITIONS OF APPROVAL, IF ANY:
This authorization is subject to the condition that all or part might be converted to a right-of-way grant in the future. Attached are two pages of stimulations which also apply. *See Instructions on Reverse Side

