

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN PRELIMINARY
(Other Instructions on the
reverse side)

Form approved
Revised Date on N. 1004
Expiration Date on N. 1085

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

JAN 19 '90

ARTESIA, OFFICE

NM 0490017-A

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Fasken Federal

9. WELL NO.
#2

10. FIELD AND POOL OR WILDCAT

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

Sec. 5, 21S, 26E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL ☐ GAS ☒ OTHER ☐

2. NAME OF OPERATOR
McKay Oil Corporation

3. ADDRESS OF OPERATOR
P.O. Box 2014, Roswell, NM 88201

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

1980' FWL & 660' FSL

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RL, OR, ETC.)

4100'

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

NOTICE OF INTERVENTION

SUBSEQUENT REPORT OF

TEST WATER SHUT OFF

PULL OR ALTER CASING

WATER SHUT OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other)

Change of Operator

(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 perti-
nent to this work.) *

Effective June 1, 1989, McKay Oil Corporation took over operations of
the FASKEN FEDERAL #2 from Dalton Kincheloe, 859 Petroleum Building, Roswell,
NM 88201.

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

SIGNED Theresa Rodriguez

TITLE Production Analyst

DATE 1-10-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side