

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil Cons. Commission
Drawn (OPP) Instruct. 08 70
Artesia, NM 88210

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-36189

6. IF NEGLIGIBLE, ALLOTTEE OR TRUST NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McKay Federal

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. 33, T5S, R21E

12. COUNTY OR PARISH 13. STATE

Chaves

N.M.

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.)

JAN 20 '88

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

McKay Oil Corporation

O. C. D.

ARTESIA OFFICE

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

2310' FNL & 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4354' GR

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

NOTICE OF INTENTION TO

SUBSEQUENT REPORT OF:

TEST WATER SHUT OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

WATER SHUT OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(OTHER)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(OTHER) 1 year extension-APD 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.) *

Operator requests a 1 year extension of the Application for Permit to Drill on the referenced location.

Expiration 12/31/87



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

SIGNED

Harry W. Frank

TITLE

Agent

DATE 12/29/87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: APPROVED FOR - MONTH PERIOD

ENDING

DEC 31 1988

*See Instructions on Reverse Side

APPROVED

PETER W. CHESTER

JAN 15 1988

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA