

FD-206 (Rev. 1-78)  
(Formerly 9-331)

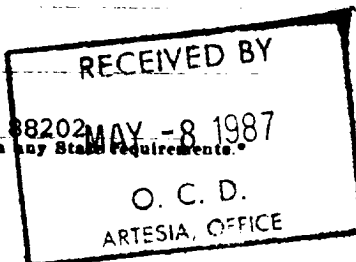
NM Oil Cons. Commission  
Drawer DD  
APPROPRIATE AGENCY FOR REVIEW AND RECOMMENDATION  
NM-36190

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

### 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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <u>McKay Oil Corporation</u></p> <p>3. ADDRESS OF OPERATOR <u>P.O. Box 2014, Roswell, New Mexico 88202</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) <u>At surface</u>  <u>1878' FSL &amp; 1767' FEL</u></p> <p>14. PERMIT NO. _____</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4293' GR</u></p>	<p>5. LEASE IDENTIFICATION AND SERIAL <u>NM-36190</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE _____</p> <p>7. UNIT AGREEMENT NAME _____</p> <p>8. FARM OR LEASE NAME <u>Eppers Federal</u></p> <p>9. WELL NO. _____</p> <p>10. FIELD AND POOL OR WILDCAT <u>W. Pecos Slope-Abo</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 35, T5S, R21E</u></p> <p>12. COUNTY OR PARISH <u>Chaves</u></p> <p>13. STATE <u>N.M.</u></p>
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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) _____	(Other) _____

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.)

Pipeline Connection ☒ (Other) \_\_\_\_\_

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Operator proposes to construct a 2" steel pipeline as displayed on the enclosed topographic map.

The proposed pipeline is situated on Federal surface and is 'on lease'.

An archaeological survey was conducted on the proposed pipeline by ASC-Roswell, under report #87-94.



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

SIGNED Levy W. Franklin TITLE Landman DATE 4/29/87

(This space for Federal or State office use)

APPROVED BY S/Phil Kirk TITLE Area Manager DATE MAY 7 1987

CONDITIONS OF APPROVAL, IF ANY: THIS AUTHORIZATION IS GIVEN SUBJECT TO THE CONDITION THAT ALL OR PART OF IT MIGHT BE CONVERTED TO A RIGHT-OF-WAY GRANT IN THE FUTURE. ATTACHED ARE THREE PAGES OF STIPULATIONS WHICH ALSO APPLY TO THIS SUNDRY.

\*See Instructions on Reverse Side