

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil Conservation Commission
Drawer DD
Artesia, NM 88210

30-005-62501 c15F

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NM-32312

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Westfork Federal #10

9. API Well No.

10

10. Field and Pool, or Exploratory Area

W. Pecos Slope Abo

11. County or Parish, State

Chaves

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

McKay Oil Corporation

3. Address and Telephone No.

P.O. Box 2014, Roswell, NM 88202 623-4735

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980 FSL & FWL

Section 6 T-5S, R-22E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other _____
- ☒ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

Change of original access road.

Post ID-3
3-29-91
Exg. Int.
(Replaced by
API # 30-005-62843)

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

Signed [Signature]

Title Agent

Date 2-22-91

(This space for Federal or State office use)

Approved by /s/ John E. Crane
Conditions of approval, if any:

Title Super., NRS

Date 3-8-91