

Form 1000
(November 1964)
(Formerly O-111)

UNITED STATES NM Oil Cons. Commission
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Alamosa, NM 88210

Printed on Recycled Paper
Expires Aug. 1, 1995
FRAME DESIGNATION: 100-1000

dsf

NM-32312

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.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐
2. NAME OF OPERATOR
McKay Oil Corporation
3. ADDRESS OF OPERATOR
Post Office Box 2014, Roswell, New Mexico 88201
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below)
At surface
1980' FEL & 660' FNL
14. PERMIT NO.
15. ELEVATIONS (Show whether DE, RL, OR, etc.)
4368' GR
RECEIVED
NOV 29 '90
O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME
8. NAME OF LEASE NAME
West Fork Federal
9. WELL NO.
#14
10. FIELD AND ZONE OF WELL
W. Pecos Slope Abo
11. SEC. T. R. M. (TOWNSHIP AND RANGE)
Sec. 5-5S-22E
12. COUNTY OR TOWNSHIP, STATE
Chaves NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

X

FRAC. TREATMENT

MULTIPLE COMPLETION

SHOOTING OR ACIDIZING

ABANDON*

REPAIR WELL

CHANGE PLANS

1 year extension-APD

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRAC. TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 above referenced location.

Exp Int
1-30-96
30-005-62538

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

SIGNED Cheresa Rodriguez

TITLE Production Analyst

DATE 10-26-90

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

Effective 11/19/91
APPROVED FOR 12 MONTH PERIOD
ENDING 1/19/92
*See Instructions on Reverse Side

DATE

PERIOD OF REPORT

NOV 21 1990