

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Alameda, N.M. 89210

5. LEASE DESIGNATION AND SERIAL NO.

NM-36195

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR

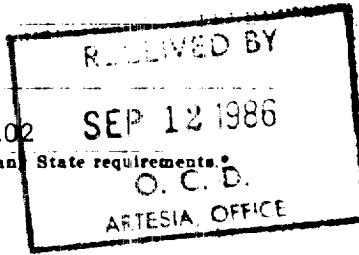
McKay Oil Corporation

3. ADDRESS OF OPERATOR

P.O. Box 2014, Roswell, New Mexico 88202

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

585 FEL & 1905 FNL



8. FARM OR LEASE NAME

Remmele Fed. Comm.

9. WELL NO.

#8

10. FIELD AND POOL OR WILDCAT

W. Pecos Slope Abo

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA

Sec. 24-6S-22E

14. PERMIT NO.

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

4050' GL

12. COUNTY OR PARISH

Chaves

13. STATE

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

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) Off lease measurement

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(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.)\*

A measuring station will be installed on the well location, but the sales point will be in the SW/4NE/4 of Section 36-6S-22E, as shown on attachment "A".



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

SIGNED

*Jim Schmitt*

TITLE

Landman

DATE

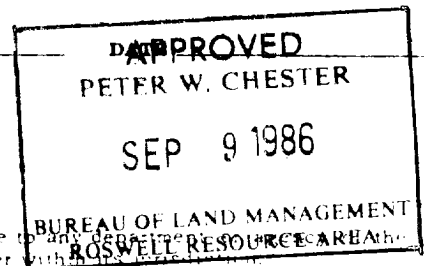
9-5-86

(This space for Federal or State office use)

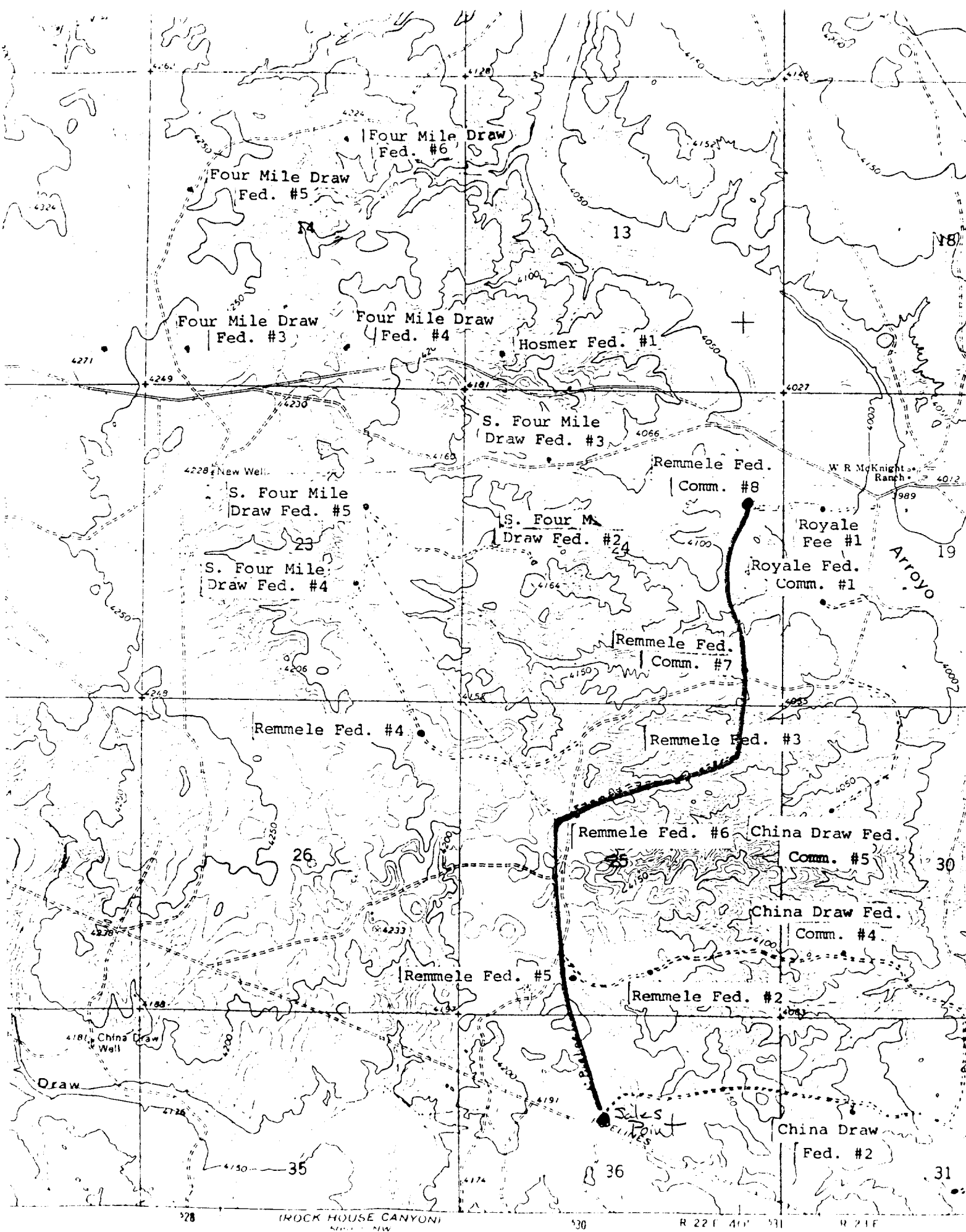
APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side



ROCK HOUSE CANYON