

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil and Gas Commission
Artesia, NM 88210
OTHER INSTRUCTIONS
LEASE DESIGNATION AND SERIAL

45F

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. UNIT AGREEMENT NAME _____

2. NAME OF OPERATOR
McKay Oil Corporation

3. ADDRESS OF OPERATOR
P.O. 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
585' FEL & 1905' FNL

5. LEASE DESIGNATION AND SERIAL
NM-36195

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. FARM OR LEASE NAME
Remmele Fed. Comm.

8. WELL NO.
#8

9. FIELD AND POOL OR WILDCAT
W. Pecos Slope Abo

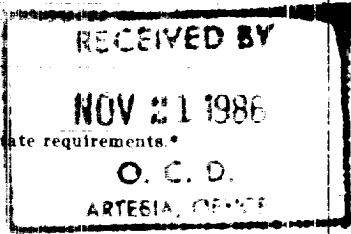
10. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
Sec. 24-6S-22E

11. PERMIT NO. _____

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. ELEVATIONS (Show whether DF, RT, GR, etc.)
4050' GL



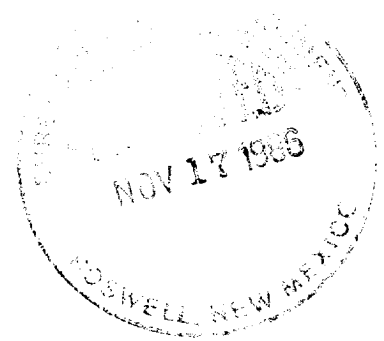
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REFURB WELL	CHANGE PLANT	OTHER	sales commenced <input checked="" type="checkbox"/>

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

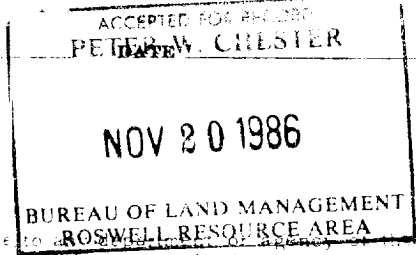
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly set out pertinent details and give pertinent data, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

commenced gas sales to pipeline on 11-13-86



18. I hereby certify that the foregoing is true and correct
SIGNED Barbara Rodriguez TITLE Production Analyst DATE 11-14-86
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side