

Form 1000
November 1968
(Formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil and Gas Commission
Alamosa, NM 88210

THIS FORM IS TO BE USED FOR
APPLICANTS ONLY
LEASE NUMBER AND SERIAL
NM-36193

clsr

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.)

RECEIVED

1. OIL ☐ GAS ☒ OTHER ☐
WELL ☐ WELL ☐

2. NAME OF OPERATOR

McKay Oil Corporation

NOV 29 '90

3. ADDRESS OF OPERATOR

Post Office Box 2014, Roswell, NM 88201

O. C. D.

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

1980' FNL & 1780' FWL

ALAMOSA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Four Mile Draw Fed.

9. WELL NO.

10

11. FIELD AND FOOT OR SITE NO.

W. Pecos Slope Abo

12. SEC., T., R., OR B. AND
SUBST. OR AREA

Sec. 17-6S-22E

13. COUNTY OR PARISH 14. STATE

Chaves

NM

15. ELEVATIONS (Show whether DE, RL, OR, etc.)

4370' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF

FRAC. TREAT

SHOOT OR ACIDIZE

REPAIR WELL

1 year extension-APD

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(OTHER)

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

17. DESCRIBE, IN DETAIL, THE WORK TO BE DONE (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

30-005-62434

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

SIGNED Theresa Rodriguez

TITLE Production Analyst

DATE 10-26-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Effective
2/1/91

APPROVED FOR 12 MONTH PERIOD
ENDING 2/1/92

*See Instructions on Reverse Side

NOV 21 1990
BUREAU OF LAND MANAGEMENT
ROSOWELL, NEW MEXICO