| Dr | awer DD | 4 |
|--|--|---|
| (November 1983) | tesia, Min 68210 RIP CAT | Expires August 31, 1985 |
| (Formerty 9-331) DEPARTMENT OF THE INTERIOR verw alde) | | 5. LEASE DESIGNATION AND SERIAL NO. |
| BUREAU OF LAND MANAGEMENT | | NM-36193 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| SUNDRY NOTICES AND REPORTS ON WELLS | | |
| (Ito not use this form for proposals to drill or to deepen or p Use "APPLICATION FOR PERMIT—" for so | ach proposals.) | • |
| OIL CAR CO | and the board of the state of t | 7. UNIT AGREEMENT HAME |
| WELL WELL OTHER | RECEIVED BY | |
| McKAY OIL CORPORATION ./ | 111 1 E BING | 8. PARM OR LEASE NAME |
| 3. ADDRESS OF OPERATOR | JUL 15 1986 | Four Mile Draw Federa |
| P. O. Box 2014, Roswell, NM 88201 | O, C, D. | 1 |
| LOCATION OF WELL (Report location clearly and in accordance with See also space 17 below.) | any Stafe remitten Gifte | 10. FIELD AND POOL, OR WILDCAT |
| At aurface | | West Pecos Slope Abo |
| 1980' FNL & 990' FEL | | 11. SBC., T., R., M., OR BLE. AND SURVEY OR AREA |
| | | Section 15-6S-22E |
| 14. PERMIT NO. 15. ELEVATIONS (Show wheth | er DF, ST, GR, etc.) | 12. COUNTY OR PARISH 18. STATE |
| 4280 GR | | Chaves N.M. |
| 10. Check Appropriate Box To Indica | Sa Nietura of Nietura Da | OI D |
| NOTICE OF INTENTION TO: | | |
| | . Daa | EQUENT REPORT OF: |
| TEST WATER BEUT-OFF PULL OR ALTER CASING | WATER SHUT-OFF | BEPAIRING WELL |
| PEACTURE TREAT BEFORE OR ACCIDIZE ABANDON® | FRACTURE TREATMENT | ALTERING CASING |
| REPAIR WELL CHANGE PLANS | (Other) | ABANDONMENT* |
| (Other) | (North: Renne Com | its of multiple completion on Well apletion Report and Log form.) |
| Effective 4-1-86, McKay Oil Corporation | · · · · · · · · · · · · · · · · · · · | NEW MEXICO |
| | | |
| | • · · · · · · · · · · · · · · · · · · · | Post ID-3 7-18-86 Chg Op. |
| 18. I hereby certify that the foregoing is true and correct | | |
| SIGNED Than Donella TITLE | Clerk | 6-13-86 |
| | | DATE |
| (This space for Federal or State office use) | | PETERTW CHESTER |
| APPROVED BY TITLE _ CONDITIONS OF APPROVAL, IF ANY: | | PETERTW CHESTER |
| CONDITIONS OF AFFROYAD, IF ARI; | | 111 1 1986 |

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT