

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Artesia, NM 88210

NM FORM 3160-5  
(Other Instructions on Re-  
vision)

Form approved,  
Budget Bureau No. 1004-4  
Expires August 31, 1985

clsf

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 WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR  
McKay Oil Corporation ✓

3. ADDRESS OF OPERATOR  
Post Office Box 2014, Roswell, New Mexico 88201 O. C. D.  
ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
1980 FWL & 1980' FSL  
1980

5. LEASE DESIGNATION AND SERIAL NO.  
NM-23331

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Lewis Ranch Fed.

9. WELL NO.  
#1

10. FIELD AND POOL OR WILDCAT  
Wildcat W. Pecos

11. SEC., T., R., M., OR BLM. AND  
SURVEY OR AREA

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, UK, etc.)  
3698' GR

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:

SUBSEQUENT REPORT OF:

|                     |                          |                      |                                     |
|---------------------|--------------------------|----------------------|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/>            |
| FRACURE TREAT       | <input type="checkbox"/> | MULTIPLE COMPLETION  | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE    | <input type="checkbox"/> | ABANDON*             | <input type="checkbox"/>            |
| REPAIR WELL         | <input type="checkbox"/> | CHANGE PLANS         | <input checked="" type="checkbox"/> |
| (Other)             | <input type="checkbox"/> |                      |                                     |

|                       |                          |                 |                          |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF        | <input type="checkbox"/> | REPAIRING WELL  | <input type="checkbox"/> |
| FRACURE TREATMENT     | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT*    | <input type="checkbox"/> |
| (Other)               | <input type="checkbox"/> |                 |                          |

(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.)\*

Cancel plans to deepen

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

SIGNED Theresa Rodriguez

TITLE Production Analyst

DATE 4-28-89

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD  
PETER W. CHESTER  
DATE

MAY 11 1989

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side