

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR McKay Oil Corporation

3. ADDRESS OF OPERATOR P. O. Box 2014, Roswell, N.M. 88201

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

14. PERMIT NO. \_\_\_\_\_

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3623' GR

5. LEASE DESIGNATION AND SERIAL NO.  
NM-26679

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME  
McKay-Sundance

9. WELL NO.  
#1

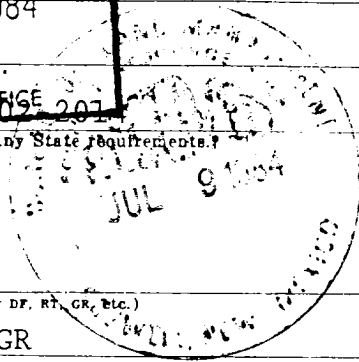
10. FIELD AND POOL, OR WILDCAT  
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 24, T11S, R26E

12. COUNTY OR PARISH  
Chaves

13. STATE  
NM

RECEIVED BY  
JUL 11 1984  
O. C. D.  
ARTESIA OFFICE 201



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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) _____	

(Other) Temporary Abandon

(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.)

TD 6325', PBTD 6277'. Propose to temporary abandon the above captioned well for possible salt water disposal well or a recompletion in the San Andres Formation.

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

SIGNED Louise L. Schmitt TITLE Production Analyst DATE 7/2/84

(This space for Federal or State Approval)  
APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

JUL 10 1984

\*See Instructions on Reverse Side