

NM Oil Cons. Commission  
UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Drawer D  
Alamogordo, NM 88210  
SUBMIT IN TRIPLIC.  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-4  
Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO.  
NM-36194  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
McKay Oil Corporation

3. ADDRESS OF OPERATOR  
P.O. Box 2014, Roswell, New Mexico 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1980 FSL & 1830 FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4176' GL

7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
South Four Mile Draw Fed.  
9. WELL NO.  
4  
10. FIELD AND POOL OR WILDCAT  
W. Pecos Slope Abo  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 23-6S-22E  
12. COUNTY OR PARISH 13. STATE  
Chaves NM

RECEIVED BY  
OCT 14 1986  
O. C. D.  
ARTESIA, OFFICE

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"/>	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 PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) Off lease measurement X

(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.)\*

Operator will install measuring equipment on the drillsite location, but the sales point will be in the SW/4NE/4 of Sec. 36-6S-22E as shown on Exhibit A.



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

SIGNED Jim Schultz TITLE Landman DATE 9-30-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
PETER W. CHESTER  
OCT 10 1986  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side

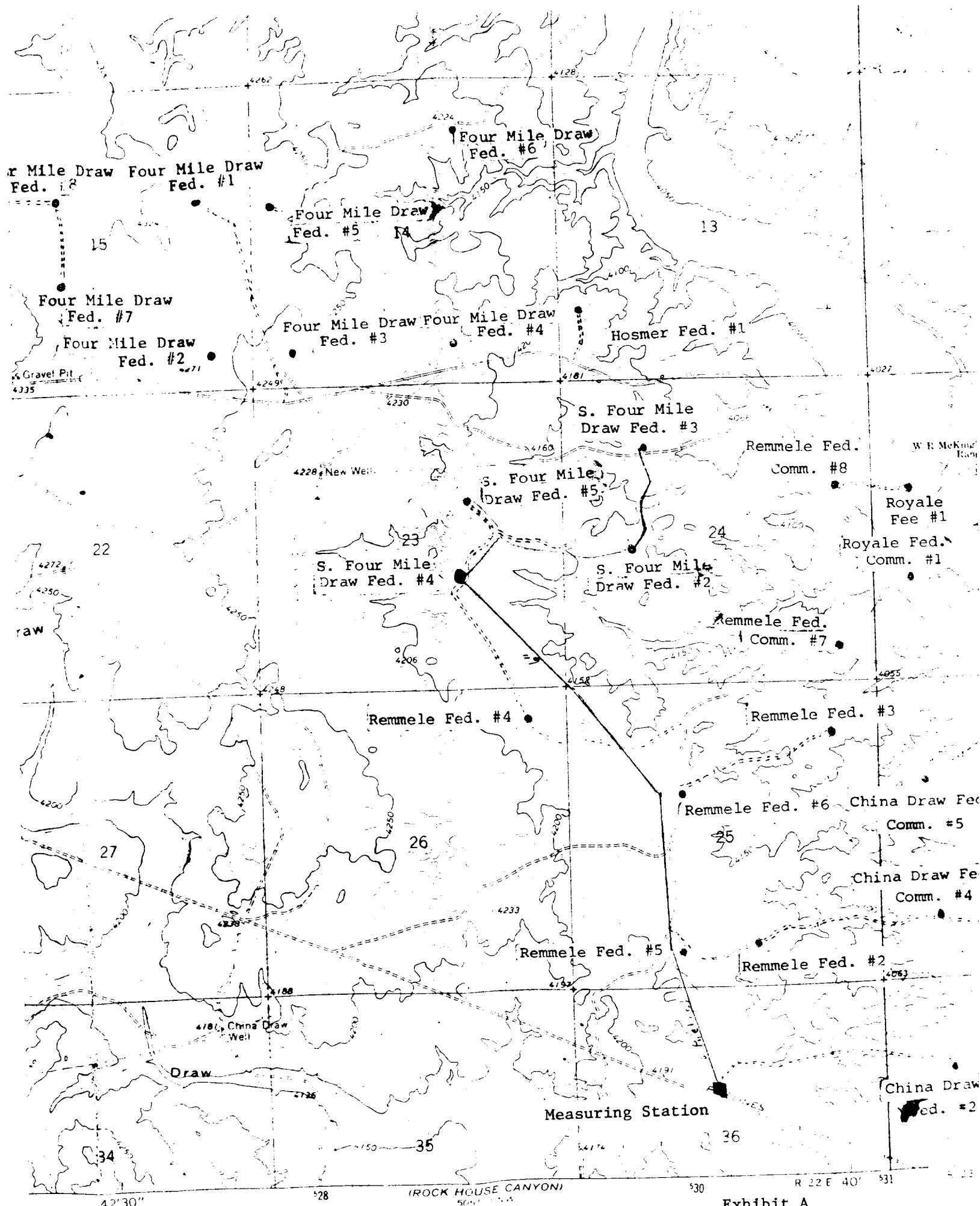


Exhibit A