CONDITIONS OF APPRO	Oil & Ca	Williams virus		DATE_	iun e T ien	
- CONTROL - CONT	U	Signed By	roduction Analyst,		MAR 3 1 1387	
				222	3-26-87	
3-16-87 3-18-87	Spudded 12½" hore Ran in hole w/1 Cemented w/50 stite w/4% CaCl, 11:30 a.m. Rand 480', cemented 560'; Plug #2 sw/4% CaCl & 100 350', cemented @ 540'; Plug #4 w/4% CaCl, tags Halliburton Litt cemented w/35 splug #7 set @ 1 tagged @ 203'; ton Lite w/4% Cacle into the	ole @ 3:30 p.m. 19 jts. 8 5/8" J- 5xs. Premium Plus 100 sxs. Premium 1x, survey indiv 1x/35 sxs. Hallib 1x/4 set @ 240', cem 1x/36 ged @ 420'; Plug 1x/36 sxs. Halliburton 1x/37 lug 1x/38 sxs. Halliburton 1x/38 sxs. Halliburton 1x/39 lug 1x/39 sxs. Halliburton 1x/39 sxs. Halliburton 1x/30 sxs. Halli	ails, and give pertinent dates, inc 55, 23# casing, set @ w/4% CaCl, 150 sxs. m Plus w/2% CaCl. Pl cated TOC @ 550'. Pl urton Lite w/4% CaCl, ed w/35 sxs. Hallibur tagged @ 630'; Plug urton Lite w/4% CaCl, ented w/35 sxs. Halli #5 set @ 240', cement ged @ 350'; Plug #6 s Lite w/4% CaCl, tagge 5 sxs. Halliburton Li urface, cemented w/35 locehck, tagged @ 165	856' Halliburton ug dn. @ ug #1 set @ tagged @ ton Lite #3 set @ tagged burton Lite ed w/35 sxs et @ 120', d @ 285'; te w/4% CaC sxs. Halli '.	1, bur-	
PULL OR ALTER CASING		CHANGE FLANS	CASING TEST AND CEMENT JOB STORM STUDIES STORM STUDIES STORM STUDIES STORM STO	rface casin	g	
PERFORM REMEDIAL WORK		PLUG AND ABANDON	REMEDIAL WORK COMMENCE DRILLING OPNS.		ALTERING CASING PLUG AND ABANDONMENT	
ио.	Check Appropriation	te Box To Indicate N	lature of Notice, Report o			
		5, Elevation (Show whether 4244) GL		12. County Chave	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
			HAUGE 22E	TITT		
4. Location of Well			LINE AND 1960 FEET		and Pool, or Wildcat	
3. Address of Operator Post Office Box 2014, Roswell, New Mexico 88201.					Pipeline Comm. 9. Well No. #1	
OIL WELL OTHER- 2. Nume of Operator McKay Oil Corporation					Lease Name	
(00 NOT USE THIS U	SUNDRY NOTICE FORM FOR PROPOSALS TO DE MAPPLICATION FOR PERM	ES AND REPORTS ON ALLE ON TO DEEPEN OF PLUG	WELLS PERENT PREENVOIR.	7. Unit Ag	reement Name	
OPERATOR			MAR 3 0 1987	5, State Of	l & Gas Lease No.	
U.S.G.S.			RECEIVED BY	5a. Indicat State	e Type of Lease Fee [2	
BANTA FE	P. O. BOX 2088 SANTA FE, NEW MEXICO 87501				Form C-103 Revised 10-	