

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

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL
NM-36195
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 State requirements. See also space 17 below.)
At surface
560' FNL & 1880' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, C, D.)
4259' GR ARTESIA OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Remmele Fed. Com

9. WELL NO.

10. FIELD AND POOL OR WILDCAT
W. Pecos Slope-Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27, T6S, R22E

12. COUNTY OR PARISH
Chaves

13. STATE
N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	REPAIRING WELL	☐
PULL OR ALTER CASING	☐	ALTERING CASING	☐
MULTIPLE COMPLETE	☐	ABANDONMENT*	☐
ABANDON*	☐		
CHANGE PLANS	☐		
(Other) Change in Reserve Pits	XX		

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 proposes to build reserve pits to the West instead of South as originally planned.

Caliche pit located NESE 4 17-6S-22E



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

SIGNED Peter W. Markle TITLE Landman DATE 3/5/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



