

UNITED STATES NM Oil & Gas Const. Commis
DEPARTMENT OF THE INTERIOR (Other Instructions on Reverse Side)
BUREAU OF LAND MANAGEMENT Artesia, NM 88210

Budget Bureau No. 1004-1
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL

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.)

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
660' FWL & 1780' FSL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3698'

RECEIVED
MAR 15 '89
O. C. D.
ARTESIA, OFFICE

6. LC-068132
7. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Cottonwood Fed.

9. WELL NO.
#1

10. FIELD AND POOL OR WILDCAT
Pecos Slope Abo

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
Sec. 34-6S-26E

12. COUNTY OR PARISH 13. STATE
Chaves 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	PULL OR ALTER CASING	WATER SHUT OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	Commencement of gas sales XX

(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.) *

Commenced gas sales to pipeline on 3-3-89

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

SIGNED Theresa Rodriguez TITLE Production Analyst

DATE 3-6-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
DAVE W. CHESTER
MAR 14 1989
BUREAU OF LAND MANAGEMENT
NEW MEXICO RESOURCE AREA