

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil Cons. Commission
SUBMIT IN PRIN-
DRAWING INSTRUCTIONS
VERSE SIDE
Artesia, NM 88210

Form approved
Budget Bureau No. 1004-1
Expires August 31, 1985

215F

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, RL, GR, etc.)
3698'

16. MAR 07 '89
O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL
LC-068132

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Cottonwood Fed. Comm.

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
Chaves

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.) *

56 BBL Fiberglass tank to be installed to contain fluids. Disposal by evaporation or trucked to disposal site.



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

SIGNED

TITLE Operations Supervisor

DATE 1/10/89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE
PETER W. CRESHER

MAR 6 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side