

NM OIL CONS. COM. SSION

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

DRAWER PERMIT IN APPLICATION  
(Other instructions on reverse)  
88210

c/37

Expires August 31, 1985

**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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR McKay Oil Corporation</p> <p>3. ADDRESS OF OPERATOR P.O. Box 2014, Roswell, New Mexico 88202</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 1980' FWL &amp; 660' FSL</p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4196' GL</p>	<div style="border: 2px solid black; padding: 5px; margin: 5px auto; width: 100px;">RECEIVED BY  FEB 26 1986  O. C. D.  BUREAU OF LAND MANAGEMENT</div>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM-36195</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Remmele Federal</p> <p>9. WELL NO. #5</p> <p>10. FIELD AND POOL, OR WILDCAT W. Pecos <del>Ab</del> Slope <del>Ab</del></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-6S-22E</p> <p>12. COUNTY OR PARISH Chaves</p> <p>13. STATE NM</p>
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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 PLANE <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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 proposes to change the route of the access road for this well as shown on Exhibit "A".

Construction and restoration of this road will be the same as the original proposed route as presented in the APD.

Route has been cleared by the Eastern New Mexico Archaeological Service.



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

SIGNED <u>James L. Schell</u>	TITLE <u>Landman</u>	DATE <u>1-27-86</u>
(This space for Federal or State office use)		
APPROVED BY <u>S/Phil Kirk</u>	TITLE <u>Area Manager</u>	DATE <u>2-25-86</u>
CONDITIONS OF APPROVAL, IF ANY:		

NOTE SPECIAL APPROVAL STIPULATIONS ATTACHED.

\*See Instructions on Reverse Side

