

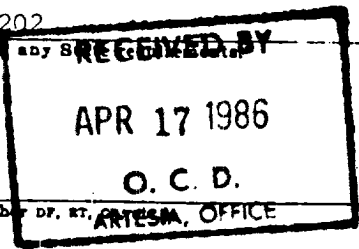
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil Cons. Commission
Drawer DD
PERMIT IN TRIPLICATE
(Other Instructions on re-
v. 10-1-83)

THIS PERMIT IS VALID FOR 1 YEAR
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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR McKay Oil Corporation ✓		8. FARM OR LEASE NAME Remmele Fed.	
3. ADDRESS OF OPERATOR P.O. Box 2014, Roswell, New Mexico 88202		9. WELL NO. #5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State Regulations. See also space 17 below.) At surface 1980'FWL and 660'FSL		10. FIELD AND POOL, OR WILDCAT W. Pecos Slope Abo	
14. PERMIT NO.		15. ELEVATIONS (Show whether OF, ST, or ARTESIAN, OFFICE) 4196'GL	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-6S-22E	
		12. COUNTY OR PARISH Chaves	
		13. STATE NM	



10. 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 PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Change in access road <input checked="" 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 access road route as shown on Exhibit "A".

The construction of said road shall be done to the specifications stated in the original APD.



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

SIGNED <u>Jim Schultz</u>	TITLE <u>Landman</u>	DATE <u>4-2-86</u>
(This space for Federal or State office use)		
APPROVED BY <u>S/Gary Wood, Acting</u>	TITLE <u>Area Manager</u>	DATE <u>4-16-86</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

