

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SUNDRY NOTICES AND REPORTS ON WELLS

SUBMIT IN TRIPPLICATE  
(Other instructions on re-  
lease side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

NM-36189

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McKay Federal

9. WELL NO.

#2

10. FIELD AND POOL OR WILDCAT

W. Pecos Slope Abo

11. SEC., T., S., M., OR BLM. AND  
SURVEY OR AREA

Sec. 27-5S-21E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

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

430' FWL & 806' FSL

O. C. D.  
ARTESIA, OFFICE

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

4258'

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) Spud

(Other)

(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.) \*

4/30/91 Spud 25' hole, set conductor pipe

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

SIGNED Theresa Rodriguez

TITLE Production Analyst

DATE 4/30/91

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
APR 30 4 07 PM '91  
BUREAU OF LAND MGMT  
ROSWELL RESOURCE  
AREA

