

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Budget Bureau No. 1004-15
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 <input type="checkbox"/>	RECEIVED JUL 03 1991 O. C. D. ARTESIA OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM - 78341
2. NAME OF OPERATOR McKay Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2014, Roswell, NM 88202		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1770' FWL & 660' FNL		8. FARM OR LEASE NAME Rugged Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 4340' GR	9. WELL NO. 1
		10. FIELD AND POOL OR WILDCAT W. Pecos Slope Abo
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 23-5S-21E
		12. COUNTY OR PARISH Chaves
		13. STATE NM

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) Cement Surface Casing <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>			

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.)

6-1-91 Cement with 180 sxs Lite with 10# Gilsonite, 1/4# Flocele and 2% CaCl and 150 sxs Class C with 2% CaCl. Plug down at 7:00 PM.

WOC 10 hrs. Run temperature survey. Picked up cement at 860'.

6-2-91 Tag cement with 1" pipe at 700' at 3:45 AM. End of bottom joint plugged with cement from tag. Started setting cement plugs at 7:15 AM. Circulated cement to surface using 345 sxs Class C 4% CaCl in 11 stages. Completed job at 1:30 AM 6-3-91.

Set 1190' of 7" - 23# K-55 casing.

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

SIGNED [Signature]

TITLE Completions Supervisor

DATE 6-7-91

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

