

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

WATER RIGHTS COMMISSION  
LEASE DESIGNATION AND SERIAL NO.  
Drawer DD

25F

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, NM

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface: 990' FNL & 990' FWL

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: NM-86095

7. UNIT AGREEMENT NAME: RECEIVED

8. FARM OR LEASE NAME: Macho Federal

9. WELL NO.: #1

10. FIELD AND POOL, OR WILDCAT: W. Pecos Slope Abo

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA: Sec. 28-6S-23E

12. COUNTY OR PARISH: Chaves

13. STATE: NM

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.) \_\_\_\_\_

JAN 22 1992  
O. C. D.  
ARTESIA OFFICE

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) <u>Reply to Non Compliance</u>	<input checked="" type="checkbox"/>
(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.)\*

Moved rig from location on 11-26-91. Lost circulation zone, ran 7" casing to shut it off but could not. United Drilling could not continue. Waiting on Perry Smith Drilling to continue drilling. Perry Smith unable to move on location. United Drilling back on location 12-17-91.

RECEIVED  
JAN 3 9 21 AM '92  
BUREAU OF LAND MANAGEMENT  
ROSWell RESOURCE AGENCY

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

SIGNED Theresa Rodriguez TITLE Production Analyst DATE 1-2-92

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

ACCEPTED FOR RECORD  
PETER W. CHESTER  
DATE \_\_\_\_\_

JAN 21 1992

BUREAU OF LAND MANAGEMENT  
ROSWell RESOURCE AGENCY

\*See Instructions on Reverse Side