

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
Other instructions on reverse side

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-36194

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

S. 4 Mile Draw Fed.

9. WELL NO.

#12

10. FIELD AND POOL, OR WILDCAT

W. Pecos Slope Abo

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

Sec. 23-6S-22E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

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

2180' FNL & 660' FEL

14. PERMIT NO.

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

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
 FRACTURE TREAT
 SHOOT OR ACIDIZE
 REPAIR WELL
 (Other) Variance to onshore #2 BOP Test

PULL OR ALTER CASING
 MULTIPLE COMPLETE
 ABANDON*
 CHANGE PLANS

WATER SHUT-OFF
 FRACTURE TREATMENT
 SHOOTING OR ACIDIZING
 (Other)

REPAIRING WELL
 ALTERING CASING
 ABANDONMENT*

(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.)

Request variance to test BOP to 1100 PSI instead of the 2000 psi original stated. The reason for this is so that we can cut the expense in hiring an outside company to do the job. The pressure in the Abo area is very low and we felt that 1100 PSI would be adequate in testing this well.

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

SIGNED Theresa Rodriguez TITLE Production Analyst DATE 1-15-92

(This space for Federal or State office use)
 APPROVED BY Ward Stout TITLE Asst Area Manager DATE 1/17/92
 CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side