

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

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.)

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 BLK. AND SURVEY OR AREA

Sec. 23-6S-22E

12. COUNTY OR PARISH

Chaves

13. STATE

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)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

(Other) Test

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

Wendy Stout

TITLE Asst Area Manager

DATE 1/17/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side