

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

NM Oil Cons. Commission  
INSTRUCTIONS IN THE  
OTHER INSTRUCTIONS  
ON THE REVERSE SIDE

Expires August 31, 1985  
LEASE DESIGNATION AND SERIAL

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	<b>RECEIVED BY</b> <b>FEB 12 1987</b> C. D. ARTS & CRAFTS	7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR McKay Oil Corporation		8. FARM OR LEASE NAME Remmele Federal	
3. ADDRESS OF OPERATOR Post Office Box 2014, Roswell, New Mexico		9. WELL NO. #12	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 890' FWL		10. FIELD AND POOL, OR WILDCAT W. Pecos Slope Abo	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4214' GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 27-6S-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 <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>Spud &amp; Surface Casing</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.) \*

1-30-87 Spudded 12 1/4" hole @ 1 p.m.

1-31-87 Ran in hole w/21 jts. 8 5/8" csg., 24#, J-55, set @ 915', cemented w/150 sxs. Premium Plus w/4% CaCl & 150 sxs. Halliburton Lite w/4% CaCl, plug down @ 2:15 a.m. 2-1-87. Ran TS, survey indicated TOC @ 600'. Ran 1" pipe, tagged @ 580'. Cemented w/350 sxs. Halliburton Lite w/4% CaCl, pumped 10 cement plugs w/35 sxs each, circ. cement to surface.

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

SIGNED Theresa Rodriguez

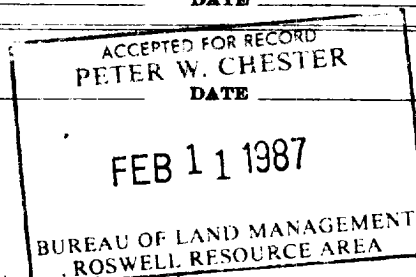
TITLE Production Analyst

DATE 2-6-87

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_



\*See Instructions on Reverse Side

