

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

NM Oil & Gas Lease Application
Expires August 11, 1985

clsf

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-36195
2. NAME OF OPERATOR McKay Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2014, Roswell, New Mexico 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 660' FNL & 890' FWL		8. FARM OR LEASE NAME Remmele Federal
14. PERMIT NO.		9. WELL NO. 12
15. ELEVATIONS (Show whether BV, RT, GR, etc.) 4214' GR		10. FIELD AND POOL, OR WILDCAT W. Pecos Slope-Abo
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 27, T6S, R22E
		12. COUNTY OR PARISH Chaves
		13. STATE N.M.

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) <input type="checkbox"/>	
(Other) Pipeline Connection <input checked="" type="checkbox"/>		(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.)*

Operator proposes to construct a 2" steel natural gas pipeline as displayed on the enclosed topographic map.

Proposed pipeline is situated on private surface.

RECEIVED BY
APR 13 1987
O. C. D.
ARTESIA, OFFICE



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

SIGNED Perry W. Franklin TITLE Landman DATE 3/31/87

(This space for Federal or State office use)

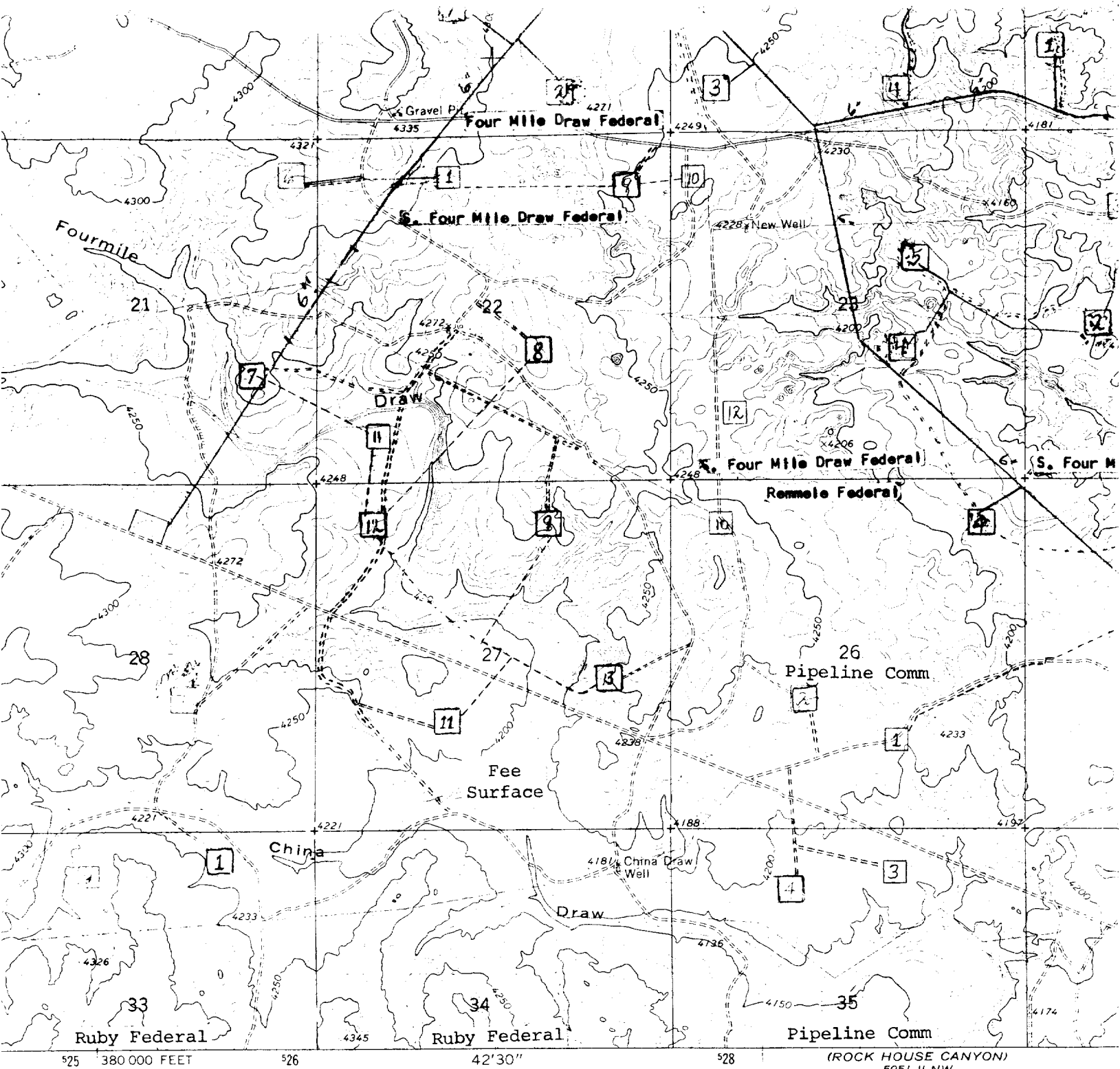
APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE
APR 7 1987
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

1

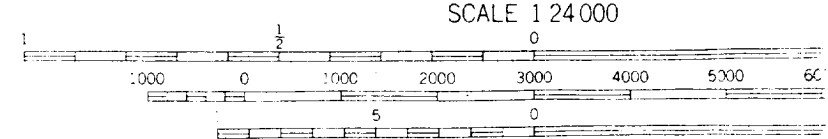


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meter

UTM GRID AND 1982 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET



CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARD
FOR SALE BY U. S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RE:
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE (

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