Form 3160-5 (November 1994)

## N.M. Oil Cons. DIV-Dist. 2

UNITED STATES 1301 W. Grand Avenue

DEPARTMENT OF THE ATTESTA, NM 88210 **BUREAU OF LAND MANAGEMENT** 

FORM APPROVED OMB No. 1004-0135

## SHADDY MOTICES AND DEDODTS ON WELLS

Expires July 31, 1996

5. Lease Serial No.

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				NM-32308 6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE – Other instructions on reverse side				7. If Unit or CA/Agreement, Name and/or No		
1. Type of Well  Oil Well  Gas Well  Other		RECEIVEL		8. Well Name and No. LL&E B FEDERAL #5		
2. Name Of Operator		SEP 2 0 7005		9. API Well No.		
MCKAY OIL CORPORATION		OOU-ARTICEIA		30-005-63751		
3a. Address		3b. Phone No. (include area code)		10. Field and Pool, or Exploratory Area		
P.O. BOX 2014 ROSWELL, NM 88202-		505-623-4735		WEST PECOS ABO SLOPE		
4. Location of Well (Footage, Sec	iption)		11. County or Parish, State			
840' FSL & 1980' FEL, UNIT O SEC 1, T6S, R22E				CHAVES COUNTY, NM		
12. CHECK API	PROPRIATE BOX(ES)	ΓΟ INDICATE NATU	RE OF NOTIC	E, REPORT, OR (	OTHER DATA	
TYPE OF SUBMISSION			TYPE OF ACTION			
☐ Notice of Intent	☐ Acidize ☐ Alter Casing	☐ Deepen ☐ Fracture Treat	☐ Producti	on (Start/Resume)	<ul><li>☐ Water Shut-Off</li><li>☐ Well Integrity</li></ul>	
Subsequent Report     Subsequent Re	☐ Casing Repair	☐ New Construction	☐ Recomp		Other	
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug and Abandon		rily Abandon	SET 8-5/8" CASING	
	Convert to Injection	☐ Plug Back	☐ Water D	-	951 0 370 07191110	
and zones. Attach the Bond un within 30 days following comp shall be filed once testing has be the operator has determined that	epen directionally or recomplet nder which the work will be pulletion of the involved operation een completed. Final Abandon the site is ready for final inspe	te horizontally, give subsurfacerformed or provide the Boons. If the operation results iment Notices shall be filed exection.)	ace locations and m nd No. on file with n a multiple compl only after all require	easured and true vertice BLM/BIA. Required etion or recompletion	d work and approximate duratio cal depths of all pertinent marker i subsequent reports shall be file in a new interval, a Form 3160- mation, have been completed, an	
8/12/05 - MCKAY OIL	CORPORATION -	TD of casing @ 96	<b>33</b> '.			
Ran 963' of 8-5/8 K-t Ran temp survey. 1"				ass "C" cement	t. Tag cement at 710	
14. I hereby certify that the forego	oing is true and correct	T:	1			
Name (Printed/Typed) CAROL SHANKS	Title PRODUCTION		ANALYST	" (*)		
Signature Arol	Date 8/16/2005					
	THIS SPACE	FOR FEDERAL OR	STATE OFFIC	EUSE SEP 2	0_2005	
Approved By		,	Title	ARMANDI ARMANDI	Date	
Conditions of approval, if any, are attached. Approval of this notice does not or certify that the applicant holds legal or equitable title to those rights in the subject which would entitle the applicant to conduct operations thereon.			Office		M ENGINEER	
			1			