

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-005-63384
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: New Mexico "CS" State #3
8. Well No. #3
8. Pool name or Wildcat ABO

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" (FORM C-101) FOR SUCH
PROPOSALS.)

1. Type of Well:
Oil Well ☐ Gas Well ☒ Other ☐ **RECEIVED**

2. Name of Operator
McKay Oil Corporation **JAN 22 2004**

3. Address of Operator
PO Box 2014 Roswell, NM 88202-2014 **OCD-ARTESIA**

4. Well Location
Unit Letter _____ B _____ : _____ 660 _____ feet from the _____ North _____ line and _____ 1980 _____ feet from the _____ East _____ line
Section 2 Township 7S Range 22E NMPM Chaves County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4200'

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

McKay Oil Spudded the New Mexico "CS" State #3 well at 9:00 am on 1/13/04.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Nanette Whittington TITLE Production Analyst DATE 1/20/04

Type or print name Nanette Whittington
Email: nanette@mckayoil.com

Telephone No. 505-623-4735

(This space for State use)

FOR RECORDS ONLY

APPROVED BY _____ TITLE _____ DATE JAN 29 2004
Conditions of approval, if any: