

L CONSERVATION DIVISIO.
P. O. BOX 2088
SANTA FE, NEW MEXICO 0750 RECEIVED

Form C-103
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.O.	
LAND OFFICE	
OPERATOR	

JUL 1 1 1991

O.C.D.
ARTESIA OFFICE

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
LH-066

7. Unit Agreement Name

8. Farm or Lease Name
April State Unit

9. Well No.
#1

10. Field and Pool, or Wildcat
W. Pecos Abo

12. County
Chaves

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

OIL WELL GAS WELL OTHER

Name of Operator
McKay Oil Corporation

Address of Operator
Post Office Box 2014, Roswell, New Mexico 88201

Location of Well
UNIT LETTER D 660 FEET FROM THE North LINE AND 990 FEET FROM
THE West LINE, SECTION 4 TOWNSHIP 4S RANGE 20E NMPM.

15. Elevation (Show whether DF, RT, GH, etc.)
4670' GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

REFORM REMEDIAL WORK <input type="checkbox"/> IMPROBABILITY ABANDON <input type="checkbox"/> WELL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPERATIONS <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <u>Spud</u> <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
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Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Spudded 15' hole on 6/30/91

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

Herena Rodriguez TITLE Production Analyst DATE 7-9-91
 ORIGINAL SIGNED BY
 MIKE WILLIAMS
 SUPERVISOR, DISTRICT II TITLE _____ DATE JUL 10 1991
 CONDITIONS OF APPROVAL, IF ANY: