Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		Revised June 10, 2003	
1625 N. French Dr., Hobbs, NM 88240	88240		WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-005-63663	
District III	1220 South St. Francis Dr.		5. Indicate Type of STATE	of Lease FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Brazos Rd., Aztec, NM 87410 Santa Eq. NIM 97505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM		NM 91498	s Lease No.	
87505	CDS AND DEPONES ON WELL			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name Cactus Com Fed #7	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Cactus Com F	ed #/
1. Type of Well:		8. Well Number		
Oil Well Gas Well	Other		#7	
2. Name of Operator			9. OGRID Numbe	er
McKay Oil Corporation		<u> </u>	014424	
3. Address of Operator		10. Pool name or Wildcat		
PO Box 2014 Roswell, NM 88202-2014		West Pecos Abo Slope		
4. Well Location				
Unit LetterO:	660feet from theSouth	line and2	310feet from the	Eastline
Section 35	Township 6S	Range 22E		Chaves County
	11. Elevation (Show whether DR, 4153 GL	RKB, RT, GR, etc.,	)	A Section of
12 Check A	3	ature of Notice	Penort or Other	Doto
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE  COMPLETION	CASING TEST AND CEMENT JOB		
OTHER:		OTHER: Reach	ed TD @ 3200	
13. 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 recompletion.				
McKay Oil Corporation reached TD	@ 3200 on 1/19/05 @ 2:00 p.m.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Janny Sulb TITLE Production Analyst DATE_1/19/2005				
Type or print name Tammy Grube E-mail address: tammy@mckayoil.com Telephone No. 505-623-4735				
(This space for State use)				IMAO A
ADDROVED BY FOR	RECORDS ONLY TITLE			JAN 2 1 2005
APPPROVED BY Conditions of approval, if any:	IIILE			DATE
Conditions of approval, if ally.				

JAN 2 0 2005