Form 3160-5 (November 1994)

N.M. Oil Obrid. DIV-Dist. 2

UNITED STATES Artesia, NM 88210

FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996



BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS

5. Lease Serial No.

NM-32323							
14141 02020	3232	23					_
6. If Indian, Allottee or Tribe Name	India	an, Al	lotte	e or T	ribe N	lame	

D 4 41.1.	NM-32323					
Do not use this abandoned well	6. If Indian, Allottee or Tribe Name					
SUBMIT IN TRIPL	7. If Unit or CA/Agreement, Name and/or No					
1. Type of Well	8. Well Name and No.					
Oil Well Sas Wel	Oil Well Gas Well Other AUG 26 2			SNAKEWEED B FEDERAL #1		
2. Name Of Operator	SIA	9. API Well No.				
MCKAY OIL CORPORATION				30-005-64002		
3a. Address	ea code) 10. Field and Pool, or Exploratory Area					
P.O. BOX 2014 ROSWE			WEST PECOS ABO SLOPE			
4. Location of Well (Footage, Sec	•		11. County or Parish, State			
1980' FSL, & 2310 ' F\ 2080'	CHAVES COUNTY, NM					
12. CHECK API	PROPRIATE BOX(ES)	TO INDICATE NATUR	RE OF NOTICE	E, REPORT, OR C	OTHER DATA	
TYPE OF SUBMISSION		T\	YPE OF ACTION	N		
	☐ Acidize	Deepen	☐ Production	on (Start/Resume)	☐ Water Shut-Off	
Notice of Intent	Alter Casing	☐ Fracture Treat	☐ Reclamat	ion	☐ Well Integrity	
Subsequent Report	Casing Repair	☐ New Construction	Recomple	ete	Other	
Final Abandonment Notice	Change Plans	☐ Plug and Abandon	☐ Temporar	rily Abandon	*····	
	Convert to Injection	☐ Plug Back	☐ Water Di	sposal		
and zones. Attach the Bond un within 30 days following compl	epen directionally or recomplet oder which the work will be po- letion of the involved operation een completed. Final Abandon	te horizontally, give subsurface erformed or provide the Bone ns. If the operation results in ment Notices shall be filed or	ce locations and me d No. on file with a n a multiple comple	asured and true vertice BLM/BIA. Required stion or recompletion:	I work and approximate duration cal depths of all pertinent markers subsequent reports shall be filed in a new interval, a Form 3160-4 mation, have been completed, and	
Operator desires to amend	the APD to provide fo	r the following variand	es:			
 BOP will be tested 	to 1000#, and without	3 rd party requirement				
	applicable, to conform		of the area, a EPTED FOR I	nd reseeded per RECORD	will be reclamated, by rer BLM specifications.	
			AUG 26 200		SE S IME	
14. I hereby certify that the forego Name (<i>Printed/Typed</i>)	ing is true and correct	Gerry,	Guye, Deputy Fie	eld Inspector		
CAROL SHANKS			A HörtsigaG	ARTESIA NALYSTA	9≥ 0 < <	
Signature CUC XMUS			Date 8/20/2008			
	THIS SPACE F	OR FEDERAL OR S	TATE OFFICE	Î ÛŞÊ		
Approved By /S/ DAY	VID R. GLAS	SS	Title PETROLI	EUM ENGINEER	Date AUG 2 1 2008	
Conditions of approval, if any, ar or certify that the applicant holds leg which would entitle the applicant to	gal or equitable title to those rig	Office				
Title 18 II C C Section 1001 molecul	it a arisma for any narras - I	ringly and willfully to make t	o any department of	agency of the United	States any false fictitious a-	

fraudulent statements or representations as to any matter within its jurisdiction.