

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

RECEIVED DIVISION
 APR 20 1984
 O. C. D.
 ARTESIA, OFFICE

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> 2. Name of Operator McKay Oil Corporation ✓ 3. Address of Operator P. O. Box 2014, Roswell, New Mexico 88201 4. Location of Well UNIT LETTER <u>C</u> <u>660'</u> FEET FROM THE <u>North</u> LINE AND <u>1980'</u> FEET FROM THE <u>West</u> LINE, SECTION <u>3</u> TOWNSHIP <u>8S</u> RANGE <u>26E</u> NMPM.	7. Unit Agreement Name 8. Farm or Lease Name McKay-Winston 9. Well No. #1 10. Field and Pool, or Wildcat Wildcat - Abo 12. County Chaves
15. Elevation (Show whether DF, RT, GR, etc.) 3766' GR	

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOBS

OTHER Set Production Casing

ALTERING CASING

PLUG AND ABANDONMENT

17. 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.

4/13/84 Ran 133 jts (4640') 4½" 10.5# K-55 seamless casing, set @ 4656'. Cmtd w/450 sx 50/50 POZ cmt. Displaced cmt w/2% KCL wtr. PD @ 5:45 AM on 4-14-84, released rig.

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

SIGNED Jerome R. Schmitt TITLE Production Analyst DATE 4/18/84

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: