	N.					
Submit 3 Copies To Appropriate District Office		f New M			Form C	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals	s and Nat	ural Resources	WELL API NO	Revised June 10,	2003
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSER	VATIO	N DIVISION	045-3.	313¢	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 Sout	th St. Fra	ncis Dr.	5. Indicate Type STATE	e of Lease FEE	
District IV	Santa F	e, NM 8	750811181970	6. State Oil & C		0
1220 S. St. Francis Dr., Santa Fe, NM 87505	<u> </u>					
(DO NOT USE THIS FORM FOR PROPOSE DIFFERENT RESERVOIR. USE "APPLICE PROPOSALS.)	CES AND REPORTS (SALS TO DRILL OR TO DEI CATION FOR PERMIT" (FOR	EPEN OR PI RM (110 1) F	AUG BACK TOOOR	MANN		me
1. Type of Well: Oil Well Gas Well	Other	(D)	OF BONE	8 Well Number		
2. Name of Operator MCKAY OLL & GR	AS LLC	- Ka	2 7 5 7 1 2 2 4 3 2 4 2 4	9. OGRID Num 010 7		
3. Address of Operator			.//. 0=.01	10. Pool name o	r Wildcat	
Po B6X 14738 4. Well Location	ALBUQUERG	rue,	NM 87191	BASIN FRUITL	IND COAL URED CLIFFS	
		- 4		_		
Unit Letter <u>C</u> :	950 feet from the	:_ <i>N</i> _	line and	385 feet fr	om the W	line
Section	Township 3		ange 12 W	NMPM SAH J	A County	
	11. Elevation (Show w 58/8 G	<u>R</u>				
	Appropriate Box to I	ndicate l		_		
NOTICE OF IN PERFORM REMEDIAL WORK	PLUG AND ABANDO	N 🔲	REMEDIAL WOR	SEQUENT RI	EPORT OF: ALTERING CASING	; 🗆
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI		PLUG AND	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN	ND	ABANDONMENT	
OTHER:	•	П	OTHER:			П
 Describe proposed or complete of starting any proposed wo or recompletion. 	ork). SEE RULE 1103.	For Multip	ole Completions: Att	tach wellbore diag	ram of proposed comp	oletion
7-11-2005 SPUL	well. DRI	LLed	834 hoLe	to 140	KB. RAM	1
2 TTS AF 7'	1 14 +5	CAS	N9 to 131	I'KB. CG	mented w	in
60 SX CLASS	A 22 CACIA	ANE	Yy SK CO	ello flake:	5 (70.8 CUBICF	T).
CIRCULATES C	CALCUT TA	CHRE	ACE			
CIRCULATED	emen 1 10	347017	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	KeloRT 1	Yolum	e of cn	1 cika	lated 70 Si	lface
	100000		- ·			
I hereby certify that the information a	AA //	te to the b	est of my knowledge	and belief.		***************************************
SIGNATURE WILL A	Maylew	_TITLE	Gen-Mgr.		DATE 7-18-2	1005
Type or print name William	// .			т	elephone No.505.2	56-5 5
(This space for State use)	/)		JPERVISOR DISTR		7JUL 20	
APPPROVED BY Chah X	erri	SI TITLE	JERNIOUR DIOIR	iOIπ J	DATE	
Conditions of annroyal if any:						