Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office Energy Minerals and Natural Descurses	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240	WELL API NO. 30-045-33728
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE 🗹
District IV Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)	Nobles #
1. Type of Well: Oil Well Gas Well other	8. Well Number 1
2. Name of Operator McKay Oil & Gas LLC	9. OGRID Number
3. Address of Operator P.O. Box 14738 Albuquerque, NM 87191	10. Pool name or Wildcat Basin Fruitland Coal
4. Well Location	Dasin Fluttand Coal
Unit Letter <u>F</u> : <u>2180</u> feet from the <u>North</u> line and <u>1820</u> feet from the <u>West</u> line	
Section 19 Township 29N Range 10W	
Fit or Below-grade Tank Application or Closure	
Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance from nearest surface water	
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material	
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 W	-
	DRILLING OPNS. DP AND A D
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEM	ENT JOB
OTHER: OTHER: Pressure test production casing	
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.	
or recompletion.	
	A Royal Constitution of the second
August 17, 2006. Rig up frac valve. Pressure casing to 3000#. Held for 30 minutes.	
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	C/S. 02 61, 81, 5 m
I hereby certify that the information above is true and complete to the best of my knowle	edge and belief. I further certify that any pit or below-
grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.	
SIGNATURE Cen. Mgr	DATE 9/12/0 6
0.0100	
of the transfer of the transfe	NZ @ Ao L Telephone No. 505-296-5508
For State Use Only	
APPROVED BY: H. Villanueva TITLE PUTT OR & GAS	INSPECTOR, DIST. (34 DATE P 2 5 2006
Conditions of Approval (if any):	
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