UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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

	Expires July 51, 1990	
5.	Lease Serial No.	_

Do not use this	NM-32322							
abandoned well	6. If Indian, Allottee or Tribe Name							
SUBMIT IN TRIPLI	7. If Unit or CA/Agreement, Name and/or No 34435							
1. Type of Well			8. Well Name and No.					
Oil Well Gas Wel	RECEIVED		LL & E C FEDERAL #3					
2. Name Of Operator		JAN 2 5 2006		9. API Well No.				
MCKAY OIL CORPOR	RATION	Ø:	UU-ARTERIA	30-005-63788				
3a. Address		3b. Phone No. (incli	A	10. Field and Pool, or Exploratory Area				
P.O. BOX 2014 ROSWE	ELL, NM 88202-2014	505-623-4735		WEST PECOS ABO SLOPE				
4. Location of Well (Footage, Sec	., T., R., M., or Survey Descr	ription)		11. County or Parish, State				
1500'FNL & 2180'FWL, UNIT	F SEC 12, T6S, R22E			CHAVES COUNTY, NM				
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA								
TYPE OF SUBMISSION	TYPE OF ACTION							
_	☐ Acidize	☐ Deepen	☐ Production	on (Start/Resume)	☐ Water Shut-Off			
☐ Notice of Intent	Alter Casing	☐ Fracture Treat	t 🔲 Reclama	tion	☐ Well Integrity			
Subsequent Report	Casing Repair	☐ New Construc	ction	ete				
Succeeding the board	Change Plans	☐ Plug and Aba	<u> </u>	rily Abandon	SPUD			
☐ Final Abandonment Notice	Convert to Injection	☐ Plug Back	☐ Water D	-	31 00			
and zones. Attach the Bond un within 30 days following compl	epen directionally or recomplet der which the work will be p etion of the involved operation en completed. Final Abandon the site is ready for final inspe	te horizontally, give sub- erformed or provide thems. If the operation res- ment Notices shall be faction.)	bsurface locations and me Bond No. on file with sults in a multiple complited only after all require	easured and true verti BLM/BIA. Required etion or recompletion ments, including recla	cal depths of all pertinent markers is subsequent reports shall be filed in a new interval, a Form 3160-4 imation, have been completed, and			
14. I hereby certify that the forego	ing is true and correct							
Name (Printed/Typed) PIPPI ESPINOZA	Title	Title PRODUCTION CLERK						
Signature		Date						
Polimer EDE	110000	1/23/2006						
ACCEPTED FOR RETHIS SPACE FOR FEDERAL OR STATE OFFICE USE								
Approved By (SCD.)	Title			Date				
Conditions of approval, if any, are or certify that the applicant holds less which would entitle the applicant to	cal or equitable title to those rig	notice does not warraghts in the subject lease	ant Office					

Title 18 U.S.C. Section 1000 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.