

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised June 10, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-005-62145
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name McKay Winston #1
8. Well Number 1
9. OGRID Number 014424
10. Pool name or Wildcat Abo Wildcat

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. Type of Well:
Oil Well ☐ Gas Well ☒ Other

2. Name of Operator
McKay Oil Corporation

3. Address of Operator
PO Box 2014 Roswell, NM 88202-2014

4. Well Location

Unit Letter C : 660 feet from the North line and 1980 feet from the West line

Section 3 Township 8S Range 26E NMPM Chaves County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3766 GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☒ Temporarily Abandon

**WELL FAILED
TEST**

ns. (Clearly state all pertinent details, and give pertinent dates, including estimated date
LE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion

1/5/04 SITP = 30# Csg = 30# Bled well down. Took off flange, came out with 137 jts 2 3/8" tubing. Rig up wireline. Set cast
iron bridge plug at 4218'. Rig down wireline. Load casing with 2% KCl. Tested casing to 500 psi for 30 minutes - held. Shut down.

If you wish to retest, you must retest
on or before 1-30-04. The test must
be scheduled through and
witnessed by the O.C.D.

If well repairs are needed, the plans
to bring the well into compliance
must be in our office on or before 1-
30-04.

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

SIGNATURE Nanette Whittington TITLE Production Analyst DATE 1/6/04

Type or print name Nanette Whittington

E-mail address: nanette@mckayoil.com

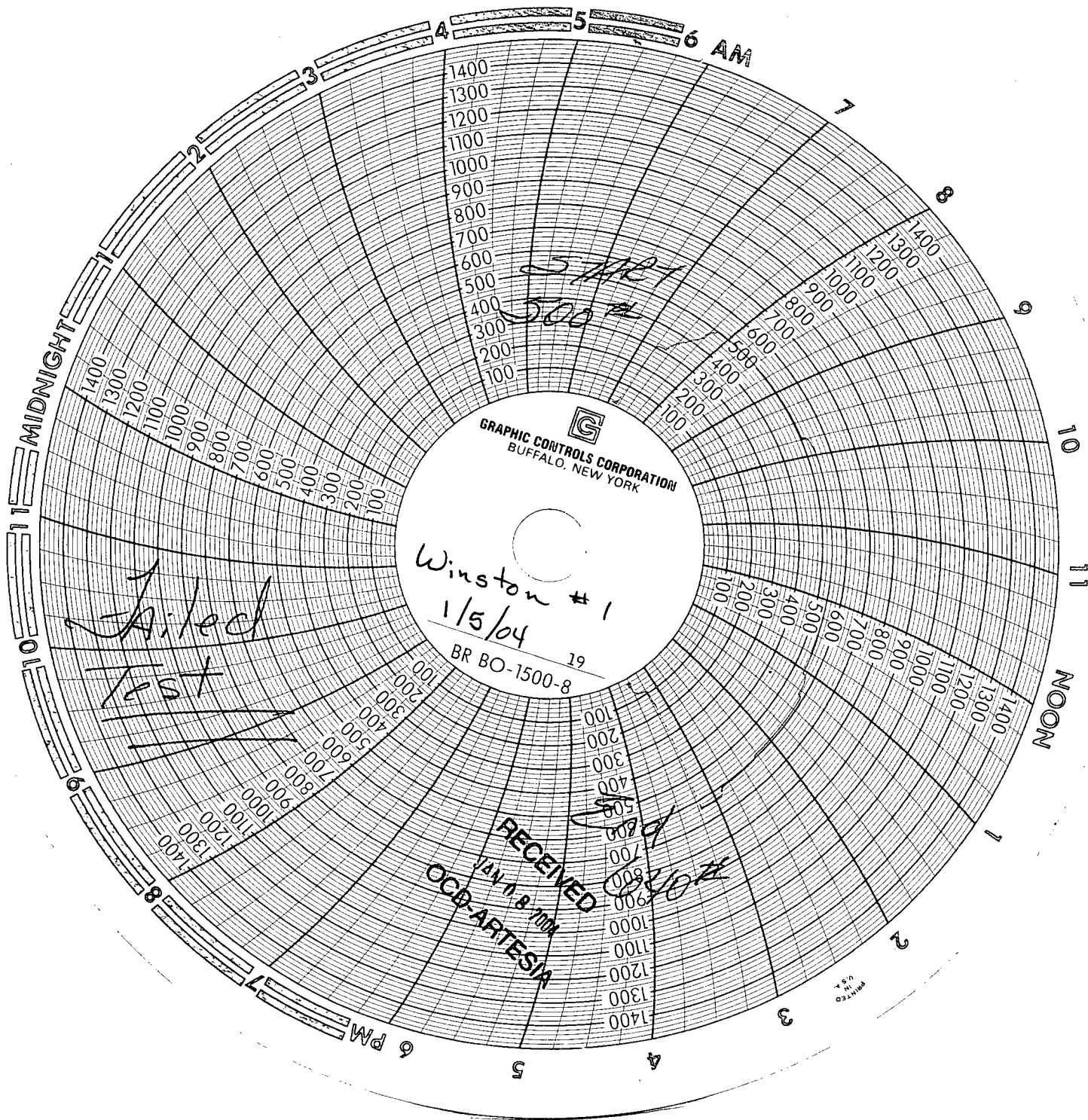
Telephone No. 505-623-4735

(This space for State use)

APPROVED BY DENIED TITLE _____ DATE _____

Conditions of approval, if any:

JAN 14 2004



1000 11 1000

Argo Helium

VMJ tested to 500 psi