Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-005-61804

5. Indicate Type of Lease STATE ☑ FEE ☐

6. State Oil & Gas Lease No. LG-9050

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.)

7. Lease Name or Unit Agreement Name: Aikman State

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER

8. Well No. 1

2. Name of Operator: McKay Oil Corp.

9. Pool name or Wildcat: W. Pecos Slope Abo

3. Address of Operator: P.O. Box 2014 Roswell NM 88201

4. Well Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The EAST Line
Section 36 Township 6-S Range 26-E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3847'

11. 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 WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: ☐	

12. 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.

3-15-99 Set CIBP @ 4610' - 5sxs - 4550'
3-16-99 Spot 25 sxs @ 1904' - 1580' - TAGGED
3-16-99 Spot 25 sxs @ 1182' - 907' - TAGGED
3-17-99 Spot 50sxs @ 362' - surface - Pulled 116' of 4 1/2" CASING
INSTALL DRY HOLE MARKER
Cir. 9.5 MUD

RECEIVED ARTESIA

Post Pull

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

SIGNATURE Donna James TITLE Production Analyst DATE 4-29-99

TYPE OR PRINT NAME DONNA JAMES TELEPHONE NO. 623-4735

(This space for State Use)

APPROVED BY [signature] TITLE Compliance Officer DATE 2-28-02

CONDITIONS OF APPROVAL, IF ANY: