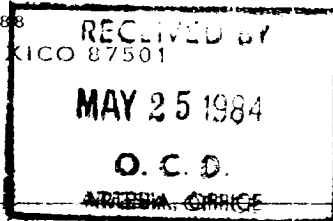


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



Form C-103
Revised 10-1-78

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐		7. Unit Agreement Name
2. Name of Operator McKay Oil Corporation		8. Farm or Lease Name McKay-Berrendo
3. Address of Operator P. O. Box 2014, Roswell, New Mexico 88202-2014		9. Well No. #1
4. Location of well UNIT LETTER I 1980 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 10S RANGE 24E NMPM.		10. Field and Pool, or Whdeat
15. Elevation (Show whether DF, RT, GR, etc.) 3554' GR		12. County Chaves

16. 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 OPS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

17. 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.

5-22-84 TD 655' (12 1/4" hole). Spot 100 sx C1 "C" cmt plug @ 200'. RIH w/8-5/8" 24# csg, set @ 42'. Perf csg from bottom up to 18'. Gravel pack w/56 yards of 1/2" gravel from 60' to 16'. Redi-mix around 8-5/8" csg w/18 yards cmt from 16' to surf. Junk & abandon hole.

(Per verbal approval from Les Clements with OCC, Artesia, NM, on 5-22-84, plug & abandon McKay-Berrendo #1 well and move location 60' south (1920' FSL & 660' FEL) and commence drlg the McKay-Berrendo #1-Y well.

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

SIGNED Suzanne Schmitt TITLE Production Analyst DATE 5-23-84

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: