

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

CISF
by

Form C-103
Revised 1-1-89

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

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

WELL API NO.
30-005-62367

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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

7. Lease Name or Unit Agreement Name
Inexco State

8. Well No.
2

9. Pool name or Wildcat
Pecos Slope ABO (West)

4. Well Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 32 Township 5S Range 22E NMPM Chaves County

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

4160 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

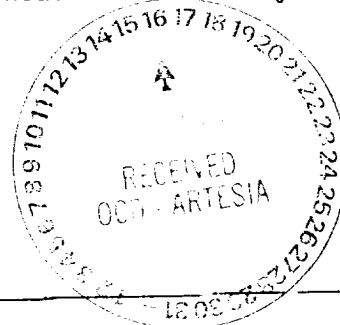
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
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.

2/19/99 Notify OCD
2/22/99 Set CIBP @ 2853' - dump 5 sxs on top - Cir 10# Mud - Cut casing @ 2128' - lay dwn
2 jts - 2 sxs LCM & Cacl on all plugs
2/23/99 Lay dwn 53 jts csg - spot 25 sxs @ 2178' - tag plug @ 2068' - spot 50 sxs @ 1058' -
tag @ 948' - Spot 30 sxs @ 100' to surface - cut off wellhead - Install Dry Hole Marker
2 sxs LCM & Cacl on all plugs
Pulled 2128' of 4 1/2" CSG total
Location cleaned & ready for inspection



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

SIGNATURE Tricia Moore TITLE Production Analyst DATE 01/10/2001
TYPE OR PRINT NAME Tricia Moore 505.623.4735 TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: