

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

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.<br>3000562370                                                                          |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>LG-5565                                                             |
| 7. Lease Name or Unit Agreement Name<br>INEXCO STATE                                                |
| 8. Well No.<br>#5                                                                                   |
| 9. Pool name or Wildcat<br>W. PECOS SLOPE ABO                                                       |
| 10. Elevation (Show whether DF, RRB, RT, GR, etc.)<br>4113'                                         |

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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator<br>McKAY OIL CORPORATION                                                                                                                                                                    |
| 3. Address of Operator<br>P. O. BOX 2014, ROSWELL, NM 88201                                                                       | 4. Well Location<br>Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>SOUTH</u> <u>1980</u> Feet From The <u>WEST</u> Line<br>Section <u>33</u> Township <u>5S</u> Range <u>22E</u> NMFM <u>CHAVES</u> County |
| 10. Elevation (Show whether DF, RRB, RT, GR, etc.)<br>4113'                                                                       |                                                                                                                                                                                                                 |

|                                                                               |                                                          |
|-------------------------------------------------------------------------------|----------------------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                                          |
| NOTICE OF INTENTION TO:                                                       | SUBSEQUENT REPORT OF:                                    |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>                   |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>                 |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>         |
| OTHER: <input type="checkbox"/>                                               | PLUG AND ABANDONMENT <input checked="" type="checkbox"/> |
|                                                                               | CASING TEST AND CEMENT JOB <input type="checkbox"/>      |
|                                                                               | OTHER: <input type="checkbox"/>                          |

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.

McKay Oil Corporation plans to plug and abandon this well as follows:

1. Set CIBP @ 2935'
2. Set 5 sks cement plug 2935' to 2900' approx. 35'.
3. POH
4. Cut 4 1/2" @ 2894'.
5. Set 25 sks cement plug across 4 1/2 stub 2900' to 2894'.
6. WOC- Tag plug
7. Set 50 sks cement plug across 8 5/8 shoe ~~1014'~~ to 914'.
8. WOC Tag Plug ~~865'~~ to 865'.
9. Set 30 sks cement plug 100' to surface
10. Brine gel between all cement plugs. Notify NMOCD to witness plugging operations.
11. Install dry hole marker and clear location

McKay Oil anticipates having this well plugged and abandoned on or before February 28th, 1999

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

SIGNATURE Billy M. Stetson TITLE Vice-President DATE 2-25-99

TYPE OR PRINT NAME

(This space for State Use)

APPROVED BY MOORE SWERRELL TITLE Field Rep. II DATE 1-2-99