

OIL CONSERVATION DIVISION

Form C-103
Revised 10-1-78

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SANTA FE	<input checked="" type="checkbox"/>
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U.S.G.S.	
LAND OFFICE	
OPERATOR	

SANTA FE, NEW MEXICO 87501

MAY 12 1987

O. C. D.

5a. Indicate Type of Lease

State ☐

Fee ☒

5. 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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator McKay Oil Corporation	8. Farm or Lease Name Pipeline Comm.
3. Address of Operator Post Office Box 2014, Roswell, New Mexico 88201	9. Well No. #1
4. Location of Well UNIT LETTER J, 1342 FEET FROM THE South LINE AND 1960 FEET FROM THE East LINE, SECTION 26 TOWNSHIP 6S RANGE 22E NMPM.	10. Field and Pool, or Wildcat W. Pecos Slope Abo
15. Elevation (Show whether DF, RT, GR, etc.) 4209' GL	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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Production casing

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.

3-29-87

Ran in hole w/104 jts. 4½" used casing, 10.5#, set @ 4182'. Cemented w/500 sxs. Premium Plus 65/35 POZ w/2% gel, 4/10th of 1% Halad 4, 3/10th of 1% CFR3, ¼# floseal, 5# salt, 5# gilsonite. Plug dn. @ 4 p.m.

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

SIGNED Theresa Rodriguez TITLE Production Analyst DATE 5-11-87

APPROVED BY _____ TITLE Original Signed By
Lee A. Clements
Supervisor District II DATE MAY 13 1987

CONDITIONS OF APPROVAL, IF ANY: