

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

|                        |                                     |
|------------------------|-------------------------------------|
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| SANTA FE               | <input checked="" type="checkbox"/> |
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| OPERATOR               | <input checked="" type="checkbox"/> |

APR 05 '88

O. C. D.

ARTESIA, OFFICE

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 - I" (FORM C-101) FOR SUCH PROPOSALS.

|                                                                                                                                                                                                        |                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER                                                                                       | 5a. Indicate Type of Lease<br>State <input type="checkbox"/> Fee <input checked="" type="checkbox"/> |
| 2. Name of Operator<br>McKay Oil Corporation                                                                                                                                                           | 5. State Oil & Gas Lease No.                                                                         |
| 3. Address of Operator<br>Post Office Box 2014, Roswell, NM 88201                                                                                                                                      | 7. Unit Agreement Name                                                                               |
| 4. Location of Well<br>UNIT LETTER <u>J</u> <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM<br>THE <u>East</u> LINE, SECTION <u>17</u> TOWNSHIP <u>6S</u> RANGE <u>22E</u> NMPM. | 8. Farm or Lease Name<br>Lucky Comm.                                                                 |
|                                                                                                                                                                                                        | 9. Well No.<br>#1                                                                                    |
|                                                                                                                                                                                                        | 10. Field and Pool, or Wildcat<br>W. Pecos Slope Abo                                                 |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>4330 GL                                                                                                                                               | 12. County<br>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"/> Spud |

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 1603.

3-31-88 Spudded 12 1/4" starter hole @ 5 p.m.

|                                                                                                              |                                 |                         |
|--------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------|
| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. |                                 |                         |
| SIGNED <u>Musa Rodriguez</u>                                                                                 | TITLE <u>Production Analyst</u> | DATE <u>4-4-88</u>      |
| Original Signed By<br>APPROVED BY <u>Mike Williams</u><br>Oil & Gas Inspector                                | TITLE                           | DATE <u>APR 07 1988</u> |
| CONDITIONS OF APPROVAL, IF ANY:                                                                              |                                 |                         |