|  | ``                                    |                            |                             |                           |                          |              |
|--|---------------------------------------|----------------------------|-----------------------------|---------------------------|--------------------------|--------------|
| Submit 3 Copies To Appropriate District Office   |                                       | New Me                     |                             |                           | Form C-                  |              |
| District I<br>1625 N. French Dr., Hobbs, NM 88240  | Energy, Minerals                      | s and Natur                | al Resources                | WELL API NO.              | Revised June 10, 2       | :003         |
| District II  | OIL CONSER                            | VATION                     | DIVISION                    | 045-3.                    |                          |              |
| 1301 W. Grand Ave., Artesia, NM 88210<br>District III  | 1220 Sout                             |                            |                             | 5. Indicate Type<br>STATE | of Lease                 |              |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV  | Santa F                               | e, NM 87                   | 50511 18 19 20 3            | 6. State Oil & G          |                          |              |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |                                       |                            |                             | -<br>-                    |                          |              |
| SUNDRY NOTI  | CES AND REPORTS C                     | N WELLS                    | JUL 200                     | 1 Lease Name              | or Unit Agreement Nam    | ie           |
| (DO NOT USE THIS FORM FOR PROPOS<br>DIFFERENT RESERVOIR. USE "APPLIC                             | ATION FOR PERMIT" (FOR                | CM CHAI) FO                | R-SOCH CAS                  | MANN                      | A                        |              |
| PROPOSALS.)  1. Type of Well:  |                                       | (O)                        | Olor On,                    | 8 Well Number             |                          |              |
| Oil Well Gas Well  | Other -                               | 100                        |                             | <i>j</i> 1                |                          |              |
| 2. Name of Operator  |                                       | 100                        | Exc712/8                    | 9. OGRID Num              | ber                      |              |
| McKAY oil & GA<br>3. Address of Operator   | IS LLC                                |                            | Ca Ca Valley                | 10. Pool name o           | r Wildcat                |              |
| PO BOX 14738   | ALBUQUERG                             | ue, N                      | M 87191                     | BASIN FRUITLA             | NA COAL                  |              |
| 4. Well Location   |                                       |                            |                             | AZTEC PICTO               | ired CLIFFS              |              |
| Unit Letter <u>C</u> :   | 950 feet from the                     | N                          | line and                    | <b>385</b> feet fro       | om the $\mathcal{U}$ li  | ne           |
| 0  |                                       |                            |                             | NMPM SAH J                | HA.                      |              |
| Section  | 11. Elevation (Show w                 | <b>ON</b> Kar<br>hether DR | nge 12 W<br>RKB RT GR etc.) | NMPM SAH J                | <b>C</b> County          |              |
|  | 58186                                 | R                          |                             |                           |                          |              |
|  | ppropriate Box to Ir                  | ndicate Na                 |                             | -                         |                          | -            |
| NOTICE OF IN'<br>PERFORM REMEDIAL WORK ☐   | TENTION TO: PLUG AND ABANDON          | v 🗆 📗                      | SUBS                        | SEQUENT RE                | PORT OF: ALTERING CASING |              |
| EIG ORW REMEDIAL WORK  | 1 LOG AND ABANDOL                     | `                          | REWEDIAL WORK               | · ·                       | ALIERING CASING          |              |
| TEMPORARILY ABANDON  | CHANGE PLANS                          |                            | COMMENCE DRIL               | LING OPNS.                | PLUG AND<br>ABANDONMENT  |              |
| PULL OR ALTER CASING   | MULTIPLE                              |                            | CASING TEST AN              | al al                     | ABANDONNILIN             |              |
|  | COMPLETION                            |                            | CEMENT JOB                  |                           |                          |              |
| OTHER:   |                                       |                            | OTHER:                      |                           |                          |              |
| <ol> <li>Describe proposed or complete of starting any proposed work or recompletion.</li> </ol> | rk). SEE RULE 1103. 1                 | For Multiple               | Completions: Att            | ach wellbore diagr        | am of proposed comple    | date<br>tion |
| 7-11-2005 SPUL   | well . DRIL                           | Led                        | 83/4 hole                   | to 140                    | KB. RAN                  |              |
| 3 JTS OF 7"  | 4 - ~                                 | CAS                        | · a + 131                   | 'NB Ce                    | MENTEL WI                | Th           |
| 3 373 08 /   | , 20°, J-33                           | ( 142 //                   | · 」 / O / O /               | FIAVO                     | (700 000 057             | 7            |
| 60 SX CLASS  | B 2% CAC/2                            | ANA                        | yy SK CE                    | LLO FARES                 | C 10.8 Cubical           | J.           |
| CIRCULATED C   | ement to.                             | SURFA                      | ce.                         |                           |                          |              |
| CIMONEIN   |                                       |                            |                             |                           |                          |              |
|  | KeloRT L                              | lolume                     | of cm                       | 1 cika                    | lated 70 Sil             | Lac          |
|  | Verification of the second            |                            | *                           |                           |                          |              |
| hereby certify that the information a  | have is true and comple               | te to the hes              | t of my knowledge           | and halief                |                          |              |
| $(1) \sim 00$  | Max 1                                 |                            |                             | and Utilei.               |                          | ,            |
| IGNATURE WILL A  | Marken                                | TITLE 6                    | en - MgR .                  |                           | _DATE                    | 008          |
| ype or print name William  | J. MAYhew                             | E-mail add                 | ress:                       | Te                        | elephone No.505.25       | 6-5          |
| 'his space for State use)  |                                       |                            |                             |                           | <b>JUL 20</b> 2          |              |
| PPPROVED BY Chal   | //<br>2/                              | SUF<br>FITLE               | ERVISOR DISTRI              | IUI # 3                   | DATE                     | المريد       |
| onditions of approval if any   | · · · · · · · · · · · · · · · · · · · | 111FE                      | <del></del>                 |                           | DATE                     | -            |