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Submit 3 Copies To Appropriate District	State of New Mexico	Form C-10:
Office District I	Energy, Minerals and Natural Resources	WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONSERVATION DIVISION	645-33132
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM		o. plate on & our board ite.
87505 SUNDRY NOTICE	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSAL	LS TO DRILL OR TO DESPEN OR PLUG BACK TO A TION FOR PERMIT" (FOR WC-101) FOR SUCH	100.00.01.01.10
PROPOSALS.)	No.	MANN A 8. Well Number
1. Type of Well: Oil Well Gas Well X O	other - 505	J. Wen Hamber
2. Name of Operator		9. OGRID Number_
MCKAY OIL + GAS	ILC S	010715
3. Address of Operator	1 (2 (2 kz cz zz (2)))	10. Pool name or Wildcat A2Tec P.CTURes CL.FFS
4. Well Location	e vi il in	BASIN FRUITIAND COML
Visit Visite C	feet from the N line and	1385 Gradiente (1) 15
Unit Letter C	reet from the /v line and /	feet from the W line
Section	Township 30N Range 12W	NMPM County SAN JUAN
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 5818 GR	
12. Check App	propriate Box to Indicate Nature of Notice	Report or Other Data
NOTICE OF INTE	ENTION TO: SUE	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WOI	RK ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DE	RILLING OPNS. PLUG AND
PULL OR ALTER CASING .	MULTIPLE CASING TEST A	ABANDONMENT
	COMPLETION CEMENT JOB	
OTHER:	OTHER: A M	nended Report &
13. Describe proposed or complete	ed operations. (Clearly state all pertinent details, as	nd give pertinent dates including estimated da
of starting any proposed work) or recompletion.	SEE RULE 1103. For Multiple Completions: A	ttach wellbore diagram of proposed completic
or recompletion.		
	RFACE CASING, CIRCULAT	ed 4B COMPUT to SUDE
IN CEMENTING Sal	kince than y	co / o coment /o Jakin
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I hereby certify that the information abo	ve is true and complete to the best of my knowledg	ge and belief.
SIGNATURE I hill MY	Maybew TITLE Sen Juga.	DATE 8-9-05
Type or print name William	T. MAYhew E-mail address:	Market Market Control
(This space for State use)	5. MHINEW E-mail address:	Telephone No.
$\mathcal{O}(1/2)$	TITLE SUPERVISOR DISTR	AUG 1 1 2005
APPPROVED BY Conditions of approval if any	TITLE	DATE 1 1 2000