Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135

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Lease Designation and Serial No.

Date

NMSF077482

## SEP 17 2008 SUNDRY NOTICES AND REPORTS ON WELLS 619 If Indian, Allottee or Tribe Name RCVD SEP 24'06 Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. OIL COMS. DIV. Use "APPLICATION FOR PERMIT - - " for such proposals SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Designation DIST. 3 1 Type of Well Oil 8. Well Name and No Other **Red River #1S** 2. Name of Operator McKay Oil & Gas, LLC 9. API Well No. 3. Address and Telephone No. 30-045-34729 (505) 296-5508 P. O. Box 14738 Albuguerque, NM 10. Field and Pool, or Exploratory Area **Basin Fruitland Coal** 4 Location of Well (Footage, Sec., T, R., M, or Survey Description) 11. County or Parish, State 790' FNL & 820' FEL Section 2, T30N, R12W San Juan County, NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Abandonment Change of Plans Recompletion New Construction Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut-off Final Abandonment Notice Altering Casing Conversion to Injection Other Spud Well Dispose Water (Note: Report results of multiple completions on Well Completion or Recompletion Report and Log form.) 13 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\* Spud well at 8:15pm on 9/7/08 ACCEPTED FOR RECORD SEP 7 2 2008 Drilled 8 3/4" hole to 140'. Ran 3 JTS 7", 20 #, J-55 to 129'. Cemented with 100 SKS Type 5 3% CACL + 1/4# Super Flake (118 Cu Ft.). 50 SKS Type 5 neat (59 Cu Ft.). Pumped 5 BBL to pit. WOC 14. I hereby certify that the foregoing is true Han Gon Myr. General Manager 9/13/2008 Signea Date

Title

NMOCD 15 1/21

(This space for Federal or State office)

Conditions of approval, if any:

Approved by