

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0135  
Expires July 31, 1996

**SUNDRY NOTICES AND REPORTS ON WELLS**

*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NM 91498
2. Name of Operator McKay Oil Corporation		6. If Indian, Allottee or Tribe Name
3a. Address P.O. Box 2014, Roswell, NM 88202	3b. Phone No. (include area code) 505-623-4735	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FSL & 2430' FWL, Section 35, T6S, R22E		8. Well Name and No. Cactus "B" Federal #6
		9. API Well No.
		10. Field and Pool, or Exploratory Area
		11. County or Parish, State Chaves, New Mexico

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Location move
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

McKay Oil Corporation request approval to move the well location from 330' FSL & 2230' FWL Section 35, T6S, R22E to 330' FSL & 2430' FWL, Section 35, T6S, R22E. (SEE ATTACHED SURVEY PLAT.

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Title

Bill J. Milstead

Vice President

Signature

Date

6/1/01

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

DISTRICT IV  
1220 S. St. Francis Dr., Santa Fe, NM 87506

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-10  
Revised August 15, 2006  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

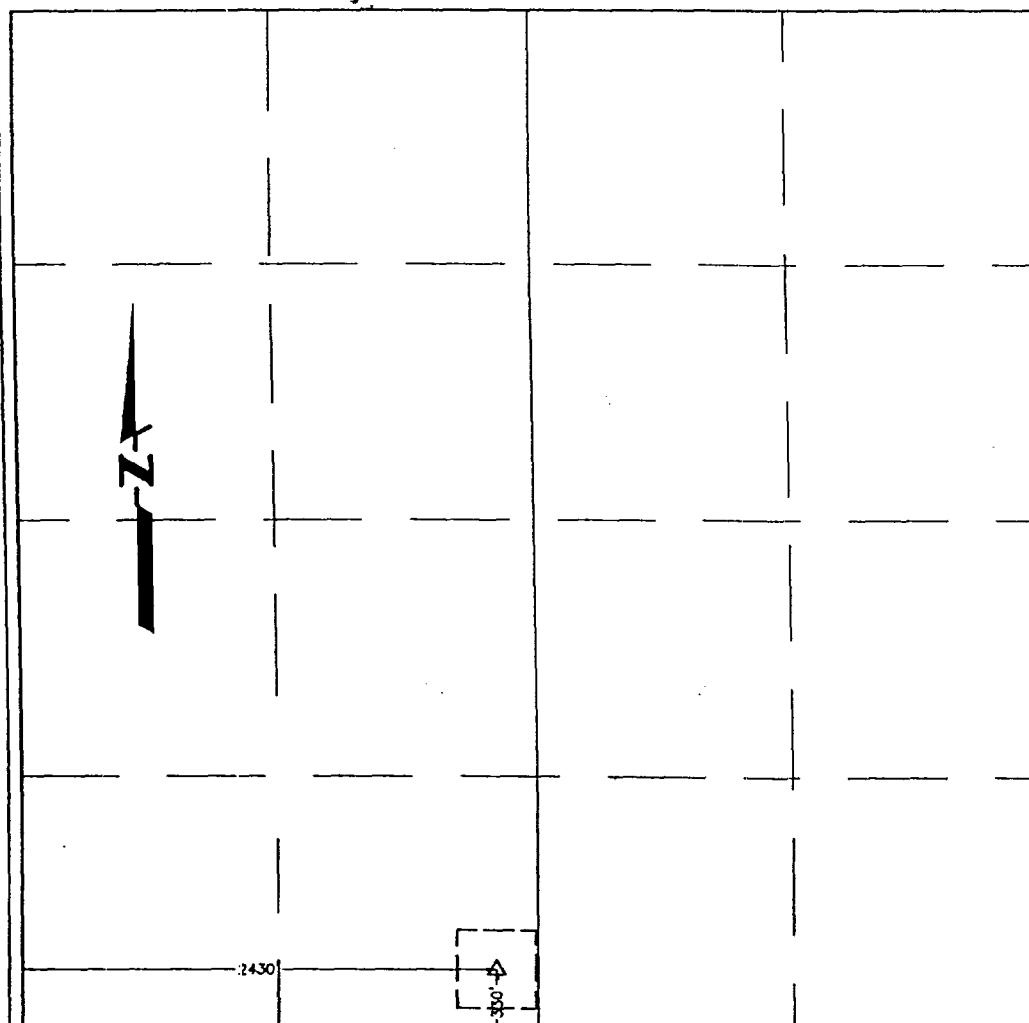

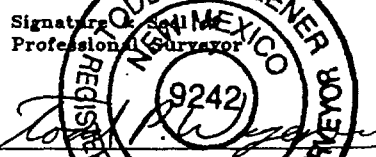
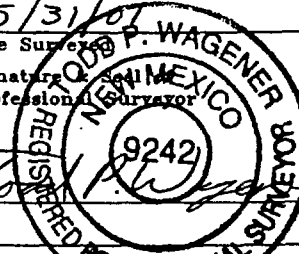
1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505

☐ AMENDED REPORT

API Number		Pool Code	Pool Name
Property Code	Property Name		Well Number
	CACTUS "B" FEDERAL		6
OGRID No.	Operator Name		Elevation
	McKAY OIL CORPORATION		4152

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	35	6 S	22 E		330	SOUTH	2430	WEST	CHAVE

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Dedicated Acres	Joint or Infill	Consolidation Code	Order No.						

	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OPERATOR CERTIFICATION</b></p> <p style="font-size: small; margin: 5px 0;">I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p style="margin: 5px 0;">               Signature         </p> <p style="margin: 5px 0;">             Bill J. Milstead              Printed Name         </p> <p style="margin: 5px 0;">             Vice President              Title         </p> <p style="margin: 5px 0;">             6-01-01              Date         </p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>SURVEYOR CERTIFICATION</b></p> <p style="font-size: small; margin: 5px 0;">I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my belief.</p> <p style="margin: 5px 0;">             5/31/07              Date Surveyed         </p> <p style="margin: 5px 0;">               Signature              Professional Surveyor         </p> <div style="text-align: center; margin: 10px 0;">  </div> <p style="font-size: x-small; margin: 5px 0;">             Certificate No. 1000 P. WAGENER, N.M.S. # 92              WAGENER ENGINEERING              1410 N. MISSOURI AVE.              ROSWELL, NM 88201              505-823-8382         </p> </div>
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