Submit 3 Copies To Appropriate District Office	State	State of New Mexico		Form C-103
District I	Energy, Minera	Energy, Minerals and Natural Resources		March 4, 2004
1625 N. French Dr., Hobbs, NM 88240				WELL API NO.
District II				30-005-62625
1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr.			5. Indicate Type of Lease	
000 Dio Dengos Dd. Agtes, NM 97410			STATE STATE FEE	
District IV Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				LG-5555
	OTICES AND REPORTS	ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				West Fork Unit
	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			.,
PROPOSALS.)				8.Well Number
1. Type of Well:	M ou	RF	CEIVED	#1
Oil Well Gas Well	Otner			
2. Name of Operator		NO	V 0 3 20N4	9. OGRID Number
McKay Oil Corporation				
3. Address of Operator		96	WHI EOW	10. Pool name or Wildcat
P.O. Box 2014 Roswell, NM 88	2014 Roswell, NM 88202-2014			Pecos Slope Abo, West
4. Well Location				
Unit Letter C: 660	feet from theNorth_		line and178	feet from the <u>West</u> line
Section 32	Township 4	IS R	ange 22E	NMPM Chaves County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4430' GR				
Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)				
				Distance from nearest fresh water well
Distance from nearest surface water	Below-grade Tank	Location UL_	SectTw	pRng;
feet from theline an	ıdfeet from the	line		
12. Chec	k Appropriate Box to	Indicate Na		
NOTICE OF	NOTICE OF INTENTION TO: SU		SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABAND	ON 🗌	REMEDIAL WOR	K ☐ ALTERING CASING ☐
		_		_
TEMPORARILY ABANDON			COMMENCE DRI	LLING OPNS. PLUG AND
PULL OR ALTER CASING	MULTIPLE		CACING TEST A	ABANDONMENT
FULL OR ALTER CASING	COMPLETION	ᅵ	CASING TEST AN CEMENT JOB	ND
	COMI LETION		CLIVILIA JOB	
OTHER: Renewal Extension		\boxtimes	OTHER:	
13 Describe proposed or co	mnleted operations (Cles	arly state all n	ertinent details and	give pertinent dates, including estimated date
of starting any proposed	work) SEE RULE 1103	For Multiple	e Completions: At	tach wellbore diagram of proposed completion
or recompletion.	work). BLE ROLL 1105.	. Tor white	e Completions. At	acii wendore diagram of proposed completion
or recompletion.				
McKay Oil Corporation proposes	to extend the West Fork I	Unit #1 T&A	status. Please see	attached chart for the Mechanical Integrity
Test that was conducted 10/28/04				• •
				Femourery Abandened Status approved
10 1	. 4	₩,	A 1.	111-018-115
_ will Lost			# //	
	40 th della	man -	test	
I hereby certify that the information	on above is true and comp	Ing	test of my knowledge	and belief. I further certify that any pit or below-
I hereby certify that the information grade tank has been/will be constructed	on above is true and comp tor closed according to NMOO	lete to the bes	st of my knowledge , a general permit	and belief. I further certify that any pit or below- or an (attached) alternative OCD-approved plan .
grade tank has been/will be constructed	d or closed according to NMO	CD guidelines [st of my knowledge	or an (attached) alternative OCD-approved plan □.
I hereby certify that the information grade tank has been/will be constructed SIGNATURE	d or closed according to NMO	lete to the besches [EV.P.	st of my knowledge , a general permit	and belief. I further certify that any pit or below- or an (attached) alternative OCD-approved plan
SIGNATURE SIGNATURE	or closed according to NMO	CD guidelines [E_V.P], a general permit [or an (attached) alternative OCD-approved plan □. DATE_11-1-04
grade tank has been/will be constructed	TITLE	CD guidelines [E_V.P], a general permit [or an (attached) alternative OCD-approved plan □.
SIGNATURE Type or print name April D. M	or closed according to NMO	CD guidelines [E_V.P], a general permit [or an (attached) alternative OCD-approved plan DATE 11-1-04
SIGNATURE SIGNATURE	or closed according to NMO	CD guidelines [E_V.P], a general permit [or an (attached) alternative OCD-approved plan DATE 11-1-04
SIGNATURE Type or print name April D. M (This space for State use)	or closed according to NMO	CD guidelines [EV.P. SS: april@mcl], a general permit [or an (attached) alternative OCD-approved plan DATE 11-1-04 ephone No. 505-623-4735
SIGNATURE Type or print name April D. M	or closed according to NMO	CD guidelines [E_V.P], a general permit [or an (attached) alternative OCD-approved plan DATE 11-1-04

