Submit 3 Copies To Appropriate Distric	ct State of New Me	exico	Form C-103
Office District I	Energy, Minerals and Natu	ral Resources	Revised June 10, 2003
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
District II	rict II ONICED VATION DIVISION		30-005-63383
1301 W. Grand Ave., Artesia, NM 882 District III	1220 South St. Fran	+	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	n	1	STATE X FEE
District IV	Santa Fe, NM 87	/505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
	OTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
	POSALS TO DRILL OR TO DEEPEN OR PLU		NM CS "B" State #1
	PLICATION FOR PERMIT" (FORM C-101) FO		
PROPOSALS.) 1. Type of Well:		RECEIVED	8. Well Number
Oil Well Gas Well	⊠ Other	1 4 4 1 0 1 200E	#1B
2. Name of Operator		JAN 3 1 2005	9. OGRID Number
McKay Oil Corporation	ζ.)CU=nrt「原息IA	9. OGRID Number 014424
3. Address of Operator			10. Pool name or Wildcat
	M 88202-2014		West Pecos Abo Slope
4. Well Location			
The Hotel Books of the Hotel Boo			
Unit Letter D	:860feet from theNorth	line and 860	feet from the West line
			
Section 2	Township 7S	Range 22E	NMPM Chaves County
	11. Elevation (Show whether DR)	, RKB, RT, GR, etc.)	
4173 GL			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBS			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	☐ PLUG AND ABANDON ☐	REMEDIAL WORK	
_	_		
TEMPORARILY ABANDON [☐ CHANGE PLANS ☐	COMMENCE DRIL	
PULL OR ALTER CASING	☐ MULTIPLE ☐	CASING TEST AN	ABANDONMENT
FOLE ON ALTEN CASING	COMPLETION	CEMENT JOB	X
	30 <u>1211311</u>	OZMENT OOD	~
OTHER:		OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date			
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion			
or recompletion.			
McKay Oil Corporation cemente	d the 8 5/8 with J-55 24# @ 919' with	480 sks Key Lite w/	premium plus on 1/26/05 @ 8:30 a.m.
I haraby contify that the informati	ion above is two and somelets to the b		41-1:-C
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Campi	Muhl, TITLE	Production Analyst	DATE 1/28/2005
SIGNATURE Jammy Mubl TITLE Production Analyst DATE 1/28/2005			
Type or print name Tammy Grube E-mail address: tammy@mckayoil.com Telephone No. 505-623-4735			
(This space for State use)			
•	FOR DECORDE ONLY		FEB 2 2 2005
APPPROVED BY	FOR RECORDS ONLY		
Conditions of approval, if any:			