Form 3160-5 (November 1994)

## UNITED STATES AM OIL CONS. DIV DIST. 2 FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996 BY NOTICES AND REPORTS ON MATERIALS.

SUNDRY NOTICES AND R	EPORTS ON THE	fa. NM 88	210M 32322		
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.			6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE – Other instructions on reverse side			7. If Unit or CA/Agreement, Name and/or No		
			34435		
1. Type of Well		RECEIVED		8. Well Name and No.	
Oil Well Gas Well Other		FEB 1 0 2005		Miller B Federal #5	
2. Name Of Operator	io	2003		9. API Well No.	
MCKAY OIL CORPORATION		egg:artesia			
3a. Address		3b. Phone No. (include area code)		10. Field and Pool, or Exploratory Area	
P.O. BOX 2014 ROSWELL, NM 88202 4. Location of Well (Footage, Sec., T., R., M., or Survey				W PECOS ABO SLOPE-82740 11. County or Parish, State	
Sec 6, T6S, R23E	Description)	uon)			
				CHAVES COUNTY, NM	
660' FNL & 660' FWL	CO TO DIDICATE NA	FUDE OF MOTIO	C DEDORT OR	OTHER DATA	
12. CHECK APPROPRIATE BOX(	es) 10 indicate na	TURE OF NOTICE	E, REPORT, OR	OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION				
☐ Acidize	☐ Deepen	☐ Producti	on (Start/Resume)	☐ Water Shut-Off	
☐ Notice of Intent ☐ Alter Casing	☐ Fracture Treat	☐ Reclama	tion	☐ Well Integrity	
☐ Subsequent Report ☐ Casing Repair	☐ New Construct	ion 🔲 Recompl	ete	Other	
Change Plans	☐ Plug and Aban	don 🔲 Tempora	rily Abandon	5 ½ csg change	
Final Abandonment Notice Convert to Injec	tion Plug Back	☐ Water D	Disposal		
thereof. If the proposal is to deepen directionally or reco and zones. Attach the Bond under which the work will within 30 days following completion of the involved op shall be filed once testing has been completed. Final Abo the operator has determined that the site is ready for final MCKAY OIL CORPORATION request	be performed or provide the erations. If the operation result and onment Notices shall be file inspection.)	Bond No. on file with Its in a multiple compl ed only after all require	BLM/BIA. Required etion or recompletion ments, including recla	I subsequent reports shall be filed in a new interval, a Form 3160-4 mation, have been completed, and	
14. I hereby certify that the foregoing is true and correct				· <del></del>	
Name (Printed/Typed)  APRIL D. MCKAY  Title  VICE			CE PRESIDENT		
Signature 1,001		Date			
(1) (2) (4/2005					
THIS SPA	CE FOR FEDERAL O	R STATE OFFIC	E USE	A STATE OF THE STA	
Approved By L		Title PE		Date 2/8/0,5	
Conditions of approval, if any, are attached. Approval of or certify that the applicant holds legal or equitable title to the which would entitle the applicant to conduct operations there	Office RF6		- 1 97		
Title 18 U.S.C. Section 1001, makes it a crime for any persor fraudulent statements or representations as to any matter with		ake to any department of	r agency of the United	States any false, fictitious or	