

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised June 10, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-005-63729
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Miller B Federal #5
8. Well Number #5 B
9. OGRID Number 014424
10. Pool name or Wildcat West Pecos Abo Slope

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH
PROPOSALS.)

1. Type of Well:
Oil Well ☐ Gas Well ☒ Other

RECEIVED

2. Name of Operator
McKay Oil Corporation

FEB 08 2005

QDD:ARTESIA

3. Address of Operator
PO Box 2014 Roswell, NM 88202-2014

4. Well Location

Unit Letter 4 : 660 feet from the North line and 660 feet from the West line

Section 2 Township 6S Range 23E NMPM Chaves County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4217' GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB

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 SPUDDED THE MILLER B FEDERAL #5 ON SATURDAY, FEBRUARY 5, 2005 @ 2:00 P.M.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Tammy Grube TITLE Production Analyst DATE 2/7/05

Type or print name Tammy Grube E-mail address: tammy@mckayoil.com Telephone No. 505-623-4735
(This space for State use)

APPROVED BY FOR RECORDS ONLY

Conditions of approval, if any:

FEB 09 2005
DATE