

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.  
30-005-62482

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
NM-32312

7. Lease Name or Unit Agreement Name  
West Fork Unit

8. Well Number  
2

9. OGRID Number  
14424

10. Pool name or Wildcat  
Pecos Slope Abo, West

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

2. Name of Operator  
McKay Oil Corporation

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

4. Well Location  
990' FSL, 660' FWL

SEC7, T5S, R22E, Chaves County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4430' 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: Renewal Extension  
☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Resume Production  
☒

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 brought well back to production on 10-21-06 @ 12:00noon. Please see attached chart.

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

SIGNATURE Carol Shanks TITLE Production Analyst DATE 10/30/06

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

APPROVED BY [Signature] TITLE NMOC DATE 10/30/06  
Conditions of approval, if any:

Accepted for record  
NMOC

SUNDAY

3

6 9 12 3 6

MONDAY

12

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THURSDAY

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WEDNESDAY

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