Office	ate of New Mexico	Form C-103
District I Energy, Minerals and Natural Resources		WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	SERVATION DIVISION	30-005-63986
1501 W. Grand Ave., Artesia, 14W 66210	South St. Francis Dr.	5. Indicate Type of Lease
1000 Dio Prozos Dd. Artec. NM 97410	inta Fe, NM 87505	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	ilita Pe, NWI 87303	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORT		7. Lease Name or Unit Agreement Name
(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.)		Charolette B Fee
1. Type of Well: Oil Well Gas Well Oil	her .IAN 0.5 2009	8. Well Number 2
2. Name of Operator	OCD-ARTESIA	9. OGRID Number
		10. Pool name or Wildcat
PO Box 2014, Roswell, NM 88202-2014		West Pecos Slope ABO
4. Well Location		
Unit Letter <u>F</u> : 2130 feet from the <u>North</u> line and <u>1650</u> feet from the <u>West</u> line		
	ship 6S Range 23E	NMPM County Chaves
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4121'		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☑ P AND A ☐		
PULL OR ALTER CASING MULTIPLE COM	MPL CASING/CEMENT	JOB 🛛
DOWNHOLE COMMINGLE		
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.		
1) MCKAY OIL CORPORATION reached TD of 2990' on 9/15/2008 @ 4:15pm.		
2) 3 1/2" casing liner ran to depth of 2920'. Rig up cementers. Pumped 50 sks Class "C". WOC 18 hrs. Casing		
pressure tested to 500psi – 30 min/test good.		
ACCEPTED FOR RECORD		
		JAN 6 2009
Spud Date: 09/03/2008	Rig Release Date: 9/16/2008	Gerry Guye, Deputy Field Inspector
		NMOCD-District II ARTESIA
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Mod Show ha		
SIGNATURE OF OF OFFICE OF OFFICE OF OFFICE OFFICE OF OFFICE OFFIC	TITLEProduction Analyst	DATE 12/30/2008
Type or print nameCarol Shanks	_ e-mail address: _carol@mckavoi	l.com PHONE: (575) 623-4735
For State Use Only		
APPROVED BY:	_TITLE	DATE
Conditions of Approval (if any):		41111