Form 3160-5 (November 1994)

N.M. Of Godd. DIV-Dist. 2

UNITED STATES IV. Count Avenue
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT NM 88210

FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996

SUNDRY NOTICES AND REPORTS ON WELLS

5. Lease Serial No.

| Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposition | | | | | NM-22061 6. If Indian. Allottee or Tribe Name | |
|---|--|--|--------------------------|-----------------------------|---|--|
| SUBMIT IN TRIPLICATE – Other instructions on verse side | | | | 7. If Unit or CA/ | 7. If Unit or CA/Agreement, Name and/or No | |
| 1. Type of Well | E CHICA E | | 8 Well Name an | 8. Well Name and No. | | |
| Oil Well Gas Well Other | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | West McKay Harvey Fed A #1 | |
| 2. Name Of Operator | | 12 000 Mg | | | 9. API Well No. | |
| MCKAY OIL CORPORATION | | 400 27.52 | | | 30-005-62189 | |
| 3a. Address | | 3b. Phone No-finclude area code) | | | 10. Field and Pool, or Exploratory Area | |
| P.O. BOX 2014 ROSWELL, NM 88202-2014 | | 505-623-4735 | | | WEST PECOS ABO SLOPE | |
| 4. Location of Well (Footage, Sec | · · · · · · · · · · · · · · · · · · · | | | 11. County or Parish, State | | |
| 660' FNL & 1980' FEL, Uni | E | | CHAVES | CHAVES COUNTY, NM | | |
| 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | | | | | | |
| TYPE OF SUBMISSION TYPE OF ACTION | | | | | | |
| Notice of Intent ■ Provided the Provided HTML ■ | ☐ Acidize | ☐ Deepen | I | Production (Start/Resume) | ☐ Water Shut-Off | |
| | ☐ Alter Casing | ☐ Fracture Treat | | Reclamation | ☐ Well Integrity | |
| Subsequent Report | ☐ Casing Repair | ☐ New Construc | tion 🔲 I | Recomplete | ☐ Other | |
| ☐ Final Abandonment Notice | ☐ Change Plans | ☐ Plug and Abar | | Femporarily Abandon | | |
| | ☐ Convert to Injection | ☐ Plug Back | | Water Disposal | | |
| the operator has determined that MCKAY OIL CORPO Swabbed well to 1600 by McKay Oil Corp. | the site is ready for final inspe RATION had work-o | ection.) ver unit on locat | ion 12/29/ | 06. Rigged up Satu | | |
| 14. I hereby certify that the forego | ing is true and correct | | | | | |
| Name (Printed/Typed) | | | Title | | | |
| CAROL SHANKS Signature () () () () () () () () () () () () () | | | PRODUCTION ANALYST Date | | | |
| WAY SNAWKS | | | 01/02/06 | | | |
| ACCEPTED FO | R RECORDSPACE | | R STATE | OFFICE USE | | |
| Approved B/S/DAV | DR. GLASS | 3 | Title | | Date | |
| Conditions of approval. If any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. DAVID R. GLASS | | | | | | |
| Title 18 U.S.C. Seeting Oil Ethilo Sin Cointe Etrany person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. | | | | | | |
| (Instructions on reverse) | the world transcriber of the second s | | Accepted fo | r record - NMOCD | 1/12/07 | |