Office	State of New Mexico			Form C-103		
District I	Energy, Minerals	and Natu	ral Resources	WELL API NO.	Revised June 10,	, 2003
1625 N. French Dr., Hobbs, NM 88240 District II				30-005-62145		Ì
301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Type of Lease			
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE			
District IV Santa Fe, NM 8/303				6. State Oil & G	as Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM						
SUNDRY NOTIC	CES AND REPORTS OF	I WELLS		7. Lease Name of	or Unit Agreement Na	ime
(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				McKay Winston #1		
PROPOSALS.) 1. Type of Well:				8. Well Number	;	
Oil Well	Other		orn/ED	1		
	——————————————————————————————————————	RECEIVED		9. OGRID Number		
2. Name of Operator McKay Oil Corporation		JAN 0 6 2004		9. OGRID Nulliber 014424		
3. Address of Operator				10. Pool name or Wildcat		$\overline{}$
PO Box 2014 Roswell, NM 88202-2014		OCD-ARTESIA		Abo Wildcat		
4. Well Location				1		
						1
Unit Letter C :	660feet from the _	North_	line and	1980feet from th	ieWestline	
Section 3	Township 8		Range 26E	NMPM	Chaves County	
and the second second	11. Elevation (Show wh	nether DR	, RKB, RT, GR, etc.,)		
12 (1) 1 4	3766 GR	1' N	- CNI-4	D O41	- D-4-	
	ppropriate Box to In	dicate N				
NOTICE OF IN		. —		SEQUENT RE		~ _
PERFORM REMEDIAL WORK	PLUG AND ABANDON	ıШ	REMEDIAL WOR	K ∐	ALTERING CASING	ا د
TEMPORARILY ABANDON 🛛	CHANGE PLANS	PLANS COMMENCE DR			PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	. 🗆	CASING TEST AND CEMENT JOB			
OTHER:	33 223	П	OTHER:			П
13. Describe proposed or compl	eted operations (Clearly	v ctate all		d give pertinent da	tes including estimat	ed date
of starting any proposed wo						
McKay Oil Corporation plans to Ten	porarily Abandon this w	ell imme	diately. Will set bri	dge plug above to	p perf which is 4268'	,
				- ,		
				•		•
Set the cast iron bridge plug within or	ne			Minties en	Para Mad n	
nundred feet of uppermost perforation	1S. Notify OCD	24 hrs. p	rior to any work don	e MODIA-O	CD 24 hour	S
oad with inert fluid and pressure tes	t es			mior to h	est. 748-128	3
casing to 500 pounds for thirty minut	CS			FARTON COS ON	voc. recentad.	
I hereby certify that the information	above is true and comple	te to the b	est of my knowledg	ge and belief.		
SIGNATURE Manuello	Whilente	TALLE_	Production Analyst	DA?	ΓΕ1/3/04	
Type or print name Nanette Whitti	ngton E-mail	address:	nanette@mckayoil,	com Telephon	e No. 505-623-4735	
(This space for State use)	VV	·····	A -///			0 004
	/	O	Luld H	APP.	ROVED JAN	o zut
APPPROVED BY UC	<u> </u>	TITLE_			DATE	
Conditions of approval, if any:				1		