

ENERGY AND MINERALS DEPARTMENT

CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 12-1-78

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.O.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease State ☒ Fee ☐
3. State Oil & Gas Lease No. LG-5573
7. Unit Agreement Name
8. Farm or Lease Name Macho State
9. Well No. #1
10. Field and Pool, or Wildcat W. Pecos Slope Abo
12. County Chaves

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BOTH TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" IF ONLY C-1013 FOR SUCH PROPOSALS.OIL ☐ GAS ☒ OTHER ☐

Name of Operator

McKay Oil Corporation

Address of Operator

P.O. Box 2014, Roswell, NM 88201

Location of Well

UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1980 FEET FROM
THE East LINE. SECTION 32 TOWNSHIP 6S RANGE 23E NEPM.

15. Elevation (Show whether DF, RT, GK, etc.)

4063' GL

12. County

Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

REFORM REMEDIAL WORK ☐
 EMERGENCY ABANDON ☐
 WELL OR ALTER CASING ☐

PLUG AND ABANDON ☒
 CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
 COMMENCE DRILLING OPER. ☐
 CASING TEST AND CEMENT JOB ☐
 OTHER ☐

ALTERING CASING ☐
 PLUG AND ABANDONMENT ☐

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 15D.

Operator plans to plug and abandon well as follows:

1. Set CIBP @ 2850'.
2. Set 5 SKS Cement Plug 2850-2820 (30+ Feet).
3. POH.
4. Cut 4-1/2 @ 2477'.
5. Set 25 SKS Cement Plug Across 4-1/2" Stub 2527' - 2427'.
6. WOC - Tag Plug.
7. Set 50 SKS Cement Plug Across 8-5/8" Shoe 1732' - 1632'.
8. WOC - Tag Plug.
9. Set 30 SKS Cement Plug 100" - Surface.
10. Displace Casing with Mud Between Cement Plugs.
11. Install Dry Hole Marker and Clean Location.

TD - 3582
 Junk?
 3553

13 7/8 - 380' - en

8 1/8 - 1604 - en

DV - 2934

4 1/2 - 3655

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

Signature of Field Supervisor

TITLE Field Supervisor

DATE 9/1/95

PROPOSED BY

TITLE

DATE

INDICATIONS OF APPROVAL, IF ANY:

AB - 2840
 GL or 10TH - 1468