Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-61044

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. LG-5572

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.)

7. Lease Name or Unit Agreement Name: Wolf State

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

2. Name of Operator: McKay Oil Corporation

8. Well No. #1

3. Address of Operator: P O Box 2014, Roswell, NM 88202

9. Pool name or Wildcat: W.Pecos Slope ABO

4. Well Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 16 Township 6S Range 23E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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	[X]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:			[ ]

12. 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.

Set bridge plug at approximately 3150'. Cement with 35' calss "C" cement. Remove approximately 685' pf 4 1/2" casing. Set 100' plug at top of 4 1/2" production casing left in hole. Plug surface with 10 sacks of cement.

* 50 in/50 out stub. TAG.

* 25sk cement plug 1815'-1715'. TAG

RECEIVED
OCD - ARTESIA

* Brine gel between all cement plugs. * Notify NMOCD to witness plugging operations

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

SIGNATURE Tracy West TITLE Production Analyst DATE 3/20/98

TYPE OR PRINT NAME Tracy West TELEPHONE NO. (505)623-4735

(This space for State Use)

APPROVED BY Theresa Gallegos TITLE Field Rep. II DATE 3-23-98

CONDITIONS OF APPROVAL, IF ANY: