

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
LG- 5574

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT DEPTH. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.		
1. OIL WELL ☐ GAS WELL ☒ OTHER ☐	7. Unit Agreement Name	
2. Name of Operator McKay Oil Corporation	8. Farm or Lease Name Corn Trust State	
3. Address of Operator P.O. Box 2014 Roswell, NM 88201	9. Well No. #2	
4. Location of Well UNIT LETTER <u>G</u> 1980 FEET FROM THE <u>North</u> LINE AND 1980 FEET FROM THE <u>East</u> LINE, SECTION <u>34</u> TOWNSHIP <u>6S</u> RANGE <u>23E</u> RMPM.	10. Field and Well, or Wildcat W. Pecos Slope Abo	
11. Elevation (Show whether LF, RT, GR, etc.) 4140' GL	12. County Chaves	

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:	
REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐	
OTHER ☐	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1505.

Operator plans to plug and abandon well as follows:

1. Set 45 sxs cement plug at 3100' - 2550'.
2. POH
3. Perforate at 1580'.
4. Set 60 sxs cement plug 1580' - 1430'.
5. WOC - Tag plug.
6. Set 10 sxs cement plug 110' - surface.
7. Displace casing with mud between cement plugs.
8. Install dry hole marker.

Casing has not been perforated.

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

SIGNED [Signature] TITLE Operations Supervisor DATE 7-10-89

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: