

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

Form C-103  
Revised 10-1-78

JAN 13 '89

|                        |                                     |
|------------------------|-------------------------------------|
| NO. OF COPIES RECEIVED |                                     |
| DISTRIBUTION           |                                     |
| SANTA FE               | <input checked="" type="checkbox"/> |
| FILE                   | <input checked="" type="checkbox"/> |
| U.S.G.S.               | <input checked="" type="checkbox"/> |
| LAND OFFICE            | <input checked="" type="checkbox"/> |
| OPERATOR               | <input checked="" type="checkbox"/> |

|                                                       |                              |
|-------------------------------------------------------|------------------------------|
| 5a. Indicate Type of Lease                            |                              |
| State <input checked="" type="checkbox"/>             | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.<br>LG-5555               |                              |
| 7. Unit Agreement Name                                |                              |
| 8. Farm or Lease Name<br>West Fork Unit               |                              |
| 9. Well No.<br>#1                                     |                              |
| 10. Field and Pool, or Wildcat<br>Wildcat-PreCambrian |                              |
| 12. County<br>Chaves                                  |                              |

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.

|                                                                                                                                             |                                              |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------|
| OIL WELL <input type="checkbox"/>                                                                                                           | GAS WELL <input checked="" type="checkbox"/> | OTHER <input type="checkbox"/> |
| Name of Operator<br>McKay Oil Corporation                                                                                                   |                                              |                                |
| Address of Operator<br>Post Office Box 2014, Roswell, New Mexico 88201                                                                      |                                              |                                |
| Location of Well<br>UNIT LETTER C, 1780 FEET FROM THE West LINE AND 660 FEET FROM<br>THE North LINE, SECTION 32 TOWNSHIP 4S RANGE 22E NMPM. |                                              |                                |

15. Elevation (Show whether DF, RT, GR, etc.)  
4440'

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

|                                               |                                           |                                                      |                                               |
|-----------------------------------------------|-------------------------------------------|------------------------------------------------------|-----------------------------------------------|
| FORM REMEDIAL WORK <input type="checkbox"/>   | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>      |
| PROBABLY ABANDON <input type="checkbox"/>     | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>     | PLUG AND ABANDONMENT <input type="checkbox"/> |
| WELL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOBS <input type="checkbox"/> |                                               |
| NTL-2B                                        |                                           |                                                      |                                               |

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.

210 BBL Fiberglass tank for containing fluids. Disposal by evaporation or trucked to disposal site.

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

Signed By Mike Williams TITLE Operations Supervisor DATE 1/10/89

Original Signed By  
Mike Williams

DATE FEB 20 1989

CONDITIONS OF APPROVAL, IF ANY: