

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

Form C-103
Revised 10-1-78

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OPERATOR	

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5a. Indicate Type of Lease State ☒ Fee ☐	
5. State Oil & Gas Lease No. LH-445	
7. Unit Agreement Name	
8. Farm or Lease Name Charolette State Unit	
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 BACK TO A DIFFERENT DEPTH. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.

OIL WELL ☐ GAS WELL ☒ OTHER ☐

Name of Operator
McKay Oil Corporation

Address of Operator
Post Office Box 2014, Roswell, NM 88201

Location of Well
UNIT LETTER A 990 FEET FROM THE North LINE AND 990 FEET FROM THE East LINE, SECTION 23 TOWNSHIP 5S RANGE 20E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4302

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
FORM REMEDIAL WORK ☐	PLUG AND ABANDON ☒	REMEDIAL WORK ☐	ALTERING CASING ☐
PERMANENTLY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER ☐

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

Operator plans to plug and abandon well as follows:

T/Abo 2730' - Set 100' cmt plug from 2680'-2780' w/30 sx Class "C", 50/50 POZ mix, 2% CaCl.

T/Tubb 2188' Dry 100' cmt plug from 2138-2238' w/30 sx. Calss "C", 50/50 POZ mix, 2% CaCl.

8 5/8" casing 912' - Set 100' cmt plug from 862'-962', w/30 sxs Class "C", 50/50 POZ mix, 2% CaCl.

Surface - Set 50' cmt plug from 0-50' w/15 sx Class "C", 50/50 POZ mix, 2% CaCl.

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

Theresa Rodriguez TITLE Production Analyst DATE 10-13-92

Field Rep TITLE Field Rep DATE MAR 1 2002

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: