Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

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

WELL API NO. 30-005-62880

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

6. State Oil & Gas Lease No.

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: Desert Rose

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

2. Name of Operator: McKay Oil Corporation

8. Well No. 1

3. Address of Operator: PO Box 2014, Roswell NM 88202-2014

9. Pool name or Wildcat: Pecos Slope Abo (West)

4. Well Location
Unit Letter M : 660 Feet From The South Line and 990 Feet From The West Line

Section 12 Township 6S Range 22E 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 [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [XX]
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.

2/16/99 Notified OCD; Dump 5 sxs cement on CABP @ 2868'
2/17/99 Pulled 2160' of 4 1/2" Csg, Spot 35 sxs @ 2210-1990 Tagged
2/17/99 Spot 50 sxs @ 1054-1054
2/18/99 Spot 50 sxs @ 1054-892 Tagged
2/18/99 Spot 30 sxs @ 100 - Surface
Install Dry Hole Marker
Circulate Mud
Cleaned Location

RECEIVED
2001
OCD - ARTESIA

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

SIGNATURE Tricia Moore TITLE Production Analyst DATE 1/31/2001

TYPE OR PRINT NAME Tricia Moore TELEPHONE NO. 505.623.4735

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: