

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W Grand Ave, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-005-63115

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
LG-9574

7. Lease Name or Unit Agreement Name:
Remmele "B" State Com

8. Well No.
9

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

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4186' GL

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.)

1. Type of Well:

Oil Well ☐ Gas Well ☒ Other ☐

2. Name of Operator
McKay Oil Corporation

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

4. Well Location

Unit Letter G : 2250 feet from the North line and 2000 feet from the East line

Section 27 Township 6S Range 22E NMPM Chaves County

11. 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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Set surface casing 12/13/1997. Ran 36 jts 8 5/8" 24#, set @ 936' using 628 sxs Class "C" cement.



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 1/29/2002

Type or print name Tricia Moore

Telephone No. 505.623.4735

(This space for State use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY [Signature] TITLE _____ DATE _____

Conditions of approval, if any:

JAN 31 2002