

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NMOCD  
HOBBS  
JUN 06 2016

FORM APPROVED  
OMB No. 1004-0137  
Expires: March 31, 2007

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

**SUBMIT IN TRIPLICATE- Other instructions on reverse side.**

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
 MCKAY OIL CORPORATION

3a. Address  
 PO BOX 2014 ROSWELL GA 30072

3b. Phone No. (include area code)  
 575-623-4735

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
 NWSE4 24S, 35E. 1980 FSL 1980 FEL

5. Lease Serial No.  
 NMMN 8447

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
 WOOLWORTH RANCH #1

9. API Well No.  
 3002526180

10. Field and Pool, or Exploratory Area  
 ANTELOPE RIDGE

11. County or Parish, State  
 LEA CO, NM

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input checked="" type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Well has produced very small amounts of oil since 2001. 333 bbl. of oil were sold in October 2015. Well is not plugged and/or abandoned. Gas bumper removed then compressor equipment and therefore we are not able to produce gas. Now that tanks are empty, we desire to recomplete the well in other zones.

14. I hereby certify that the foregoing is true and correct  
 Name (Printed/Typed)

ROY L. MCKAY

Signature

*[Signature]*

Title President

Date

3-22-16

**OR STATE OFFICE USE**

Title  
or  
Office

Date

REJECT - Submit recompletion plan for review.

I declare under penalty of perjury that I am a duly authorized representative of the person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*[Large Signature]*  
 K2 05/26/2016