

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised August 1, 2011

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

WELL API NO. 30-005-62189 62147
5. Indicate Type of Lease STATE FEE XX
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name McKay Berrendo
8. Well Number 1
9. OGRID Number 14414
10. Pool name or Wildcat Pecos Slope: Abo, West (Gas)
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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
State of New Mexico formerly McKay Oil Corp,

3. Address of Operator
1625 N. French Drive Hobbs, NM 88240

4. Well Location
 Unit Letter I : 1980 feet from the South line and 660 feet from the East line
 Section 2 Township 10S Range 24E NMPM Chaves County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A CASING/CEMENT JOB <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>
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INT TO PA
 P&A NR P.M.
 P&A R _____

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

SEE ATTACHED

HOBBS OCD
OCT 31 2017
RECEIVED

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

SIGNATURE _____ TITLE _____ DATE _____

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: Mark Whitaker TITLE P.E.S. DATE 10/31/2017

Conditions of Approval (if any):

Plugging Report
McKay Berrendo #1

10/26/2017 Filled up 8 5/8" casing stub and mouse hole with 15 sx cement. Installed marker.