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		TION DIVISION	WELL API NO.		
DISTRICT II 811 South First, Artesia, NM 88210	Santa Fe, New	Mex 39 39 30 5 7	30-015-20764 5. Indicate Type of	Lease	
DISTRICT III	/.	2621 A 502	3. maicate Type of	STATE 🗵	FEE 🗆
1000 Rio Brazos Rd, Aztec, NM 87410	(\$\frac{\pi}{2}\)	3 TIT 5003 2	6. State Oil & Gas I B-1565	Lease No.	
(DO NOT USE THIS FORM FOR PRO DIFFERENT RES	TICES AND REPORTS OPOSALS TO DRILL OR TO VECTOR ERVOIR. USE "APPLICATION C-101) FOR SUCH PROPOSALS	POR PERMIT"	Supplied the supplied of the s	Unit Agreement Name	ag administration of the second
1. Type Of Well:		श्या ११ वर वर वर्ष			
OIL GAS WELL C	OTHER		Texaco BE		
2. Name of Operator Mack Energy Corpóration			8. Well No.		
3. Address of Operator P.O. Box 960, Artesia, NM 88211-	0960		9. Pool name or Wi Grayburg Jackso	ildeat on, SR, QN, GB, SA	A
4. Well Location			1	-,, (, , , , , , , , , , , , , , , ,	
Unit Letter A: 660	Feet From The No	orth Line and 66	Feet From	The East	Line
Section 16	Township 17S	Range 30E	NMPM	Eddy	County
		whether DF, RKB, RT, GR, etc.)			
		3688' GR			
NOTICE OF INT		cate Nature of Notice, Re	eport, or Other SEQUENT RE		
		57			_
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	L
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDO	NMENT _
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER:		OTHER			
12. Describe Proposed or Completed Op	perations (Clearly state all pertinen	nt details, and give pertinent dates, incl	luding estimated date oj	f starting any proposed	
work) SEE RULE 1103. Mack Energy Corporation proposes t	o plug and abandon well as	follows:			
1. Notify OCD 24 hours prior to start 2. Set CIBP w/35' cement cap @ 249 3. Set 100' cement plug from 559-459 4. Set 60' surface plug, WOC 24 hour 5. Install dry hole marker.	ing plugging operations. 8', 100' above top perforations, 9', 50' above and below 8 5/	25 6× AL	ug@1095 AG	TAG	
I hereby certify that the information above is true SIGNATURE TYPE OR PRINT NAME	Therall	odge and belief. TITLE Production W. Sherrell	on Clerk	DATE 7/28/	
(This space for State Use)					
AH Bankl		TITLE COMP Jance O	ffæir	DATE 8/6/03	1

conditions of Approval, IF ANY: Additional Plas & TAGS As indicated above

