

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

C/SF
OP

DISTRICT I
P.O. Box 1980, Hobbs NM 88240

DISTRICT II
811 South First, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, New Mexico 87505

WELL API NO.
30-015-20121

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-8095

7. Lease Name or Unit Agreement Name

Etz C State

8. Well No.
12

9. Pool name or Wildcat
Grayburg Jackson, 7RVS,QN,GB,SA

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
Mack Energy Corporation

3. Address of Operator
P.O. Box 960, Artesia, NM 88211-0960

4. Well Location

Unit Letter F : 1980 Feet From The North Line and 2310 Feet From The West Line

Section 16 Township 17S Range 30E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR-3671

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 ☐
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.

03/30/2000 RU pull more tension on pkr. & flow wouldn't stop. Unset pkr. & POH. Change out wellheads. Set CIBP @ 1810' RIH w/dump bailer & dump 10sx on top of CIBP. RIH w/tbg.

03/31/2000 RU & circ. hole w/gel. Spot 25sx plug @ 610'. POH & spot surface plug @ 60' 10sx.

Set Dry Hole Marker



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

SIGNATURE Crissa D. Carter TITLE Production Analyst DATE 5/3/00

TYPE OR PRINT NAME

Crissa D. Carter

TELEPHONE NO (505)748-1288

(This space for State Use)

APPROVED BY Phil Hankins TITLE Field Rep. I DATE 8/31/2000

CONDITIONS OF APPROVAL, IF ANY: