

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-03982

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
R-1585

7. Lease Name or Unit Agreement Name
State Y

8. Well No.
1

9. Pool name or Wildcat

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 1359 Artesia, New Mexico 88211-1359

4. Well Location
Unit Letter I : 660 Feet From The East Line and 1980 Feet From The South Line
Section 1 Township 19-S Range 36-E NMPM Lea County

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

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.

- 1) Set 5 1/2 CIBP at 3850 cap W/35' cement
- 2) Load hole W/mud
- 3) Cut and pull 5 1/2 casing at approx 2700'
- 4) Spot 100' cement plug at 5 1/2 stub 50' in 50' out and tag
- 5) Spot 100' cement plug at 8 5/8 shoe 50' in 50' out tag 8 5/8 shoe at 283'
- 6) Spot 10 sacks of cement plug at surface and set P.A. marker

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Raymond N. Calderado TITLE Supervisor DATE 8-12-94
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)
APPROVED BY _____ TITLE _____ DATE AUG 12 1994
CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY _____ SECTOR
DISTRICT I SUPERVISOR