

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED
Budget Bureau No 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1 Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2 Name of Operator

Mack Energy Corporation

3 Address and Telephone No

P.O. Box 960, Artesia, NM 88211-0960

(505)748-1288

4 Location of Well (Footage, Sec, T, R, M or Survey Description)

1650 FSL & 480 FEL, Sec. 29 T17S R29E

5 Lease Designation and Serial No

NM-14840

6 If Indian, Allottee or Tribe Name

7 If Unit or CA, Agreement Designation

8 Well Name and No

Blue Streak Federal #3

9 API Well No

30-015-30544

10 Field and Pool, or Exploratory Area

East Empire Yeso

11 County or Parish, State

Eddy, NM

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

TYPE OF SUBMISSION

- ☐
- Notice of Intent
-
- ☐
- Subsequent Report
-
- ☒
- Final Abandonment Notice

TYPE OF ACTION

- ☐
- Abandonment
-
- ☐
- Recompletion
-
- ☐
- Plugging Back
-
- ☐
- Casing Repair
-
- ☐
- Altering Casing
-
- ☐
- Other
-
- ☐
- Change of Plans
-
- ☐
- New Construction
-
- ☐
- Non-Routine Fracturing
-
- ☐
- Water Shut-Off
-
- ☐
- Conversion to Injection
-
- ☐
- Dispose Water

(Note Report results of multiple completion on Well Completion or Recompletion Report and Log form)

13 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work)*

All requirements have been completed for plugging. Please consider this as final abandonment and approve.

ACCEPTED FOR RECORD

AUG 15 2007

Gerry Guye, Deputy Field Inspector
NMOCD-District II ARTESIA

APPROVED

AUG 10 2007

JAMES A. AMOS
SUPERVISOR-EPS

14 I hereby certify that the foregoing is true and correct

Signed

Title

Production Clerk

Date

8/1/07

(This space for Federal or State office use)

Approved by

Conditions of approval, if any

Title

Date