

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CLSF
Gp

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.

30-015-05044

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-2613

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, NM 88211-1359 (505) 748-1288

4. Well Location

Unit Letter I : 1650 Feet From The South Line and 990 Feet From The East Line

Section 2

Township 17-S

Range 31-E

NMPM Eddy

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 2 7/8 C.I.B.P. at 3600' cap w/ 35'.
2. Load hole w/ mud.
3. Cut 2 7/8 at base of salt 2000'.
4. Spot 100' cement plug at 2000' base of salt and tag.
5. Spot 100' cement plug at 1200' top of salt and tag.
6. Spot 100' cement plug at 350' 7 5/8 shoe and tag.
7. Spot 50' surface plug. Set P&A marker.

OCD TO WITNESS all tags

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

SIGNATURE Raymond Maldonado TITLE Supervisor DATE 1-17-96

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 26 1996

CONDITIONS OF APPROVAL, IF ANY: