

Submit 3 Copies
to Appropriate
District Office

DISTRICT I
P.O. Box 1940, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED
OCD - ARTESIA
OIL CONSERVATION DIVISION
P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
30-015-05272

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-3627

7. Lease Name or Unit Agreement Name
State BK

8. Well No.
2

9. Pool name or Wildcat
Grbg Jackson SRQ GRBG 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

4. Well Location
Unit Letter M : 660 Feet From The South Line and 539 Feet From The West Line
Section 19 Township 17S Range 31E 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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 1101.

Plug #1 Spot plug @ 2885' w/ 25 sx cmt. WOC & tag @ 2767' on 5-21-02.
Plug #2 Spot plug @ 1901' w/ 35 sx cmt. on 5-21-02, tag plug on 5-22-02 @ 1583'.
Plug #3 Perforate @ 1220', sqz 50 sx cmt. WOC & tag. RIH to tag plug. Tagged @ 1104'.
Mud up hole, RIH & perforate @ 545', sqz 110 sx cmt. to surface. Rig down unit.
Install dry hole marker. Clean location.

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

SIGNATURE Roger Massey TITLE Agent DATE 05/29/02
TYPE OR PRINT NAME Roger Massey TELEPHONE NO. (915) 530-0907

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep DATE JUN 24 2002

CONDITIONS OF APPROVAL, IF ANY: