

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

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

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

WELL API NO. 30-015-01521
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Wentz Aid
Well No. 1
Pool name or Wildcat Aid Yates - Seven Rivers

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.)

Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER

Name of Operator
Mack Energy Corporation

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

Well Location
Unit Letter 0 : 330 Feet From The South Line and 2310 Feet From The East Line
24 Section 17S Township 28E Range NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3677GR

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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 ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

Notify OCD 24 Hrs. Before Setting plug

1. POH w/ Tubing
2. RIH spot 100' plug 860' (7" shoe @ 810') TAG
3. Spot 100' plug @ 540' (8" shoe @ 486') * Perforate 7" casing @ 540'. Square 100' plug 540'-440'. TAG
4. Spot 30' plug @ surface & Perforate 7" casing @ 50'. Circulate cement to surface. Inside & Outside 7" casing.
5. Spot 30' plug @ surface & Perforate 7" casing @ 50'. Circulate cement to surface. Inside & Outside 7" casing.
6. Cut off well Head install hole marker



* Notify N.M.O.C.D. to witness Plugging Operations.

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

SIGNATURE _____ TITLE Agent DATE 01-04-01

TYPE OR PRINT NAME Wayne Brooks TELEPHONE NO. 915 5807161

(This space for State Use)

APPROVED BY Wendy Swaffield TITLE Field Rep II DATE 1/9/2001

CONDITIONS OF APPROVAL, IF ANY: