

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.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-11593

7. Lease Name or Unit Agreement Name

Collier State

8. Well No.

3

9. Pool name or Wildcat

E. Empire 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.)

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 (505) 748-1288

4. Well Location

Unit Letter L : 450 Feet From The West Line and 2310 Feet From The South Line
Section 27 Township 17-S Range 28-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) 4 1/2 CIBP set @ 700'
- 2) Spot cement from CIBP @ 700' to surface with 90 sacks, set PA marker
- 3) Job completed 3-13-96

Port ID-2
4-26-96
P & H

RECEIVED

MAR 25 1996

OIL CON. DIV.
DIST. 2

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

SIGNATURE Edica H. Cook

TITLE District Secretary

DATE 3/15/96

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY [Signature]

TITLE Ed R. [Signature]

DATE 11/27/90

CONDITIONS OF APPROVAL, IF ANY:

REBEARD

1877

1877-1878
1878-1879
1879-1880