

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

CISF
DT

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

WELL API NO.
30-015-21712

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.
4

9. Pool name or Wildcat
E Empire Yates, Spoon 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 : 2310 Feet From The South Line and 990 Feet From The West 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
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER:
- PLUG AND ABANDON
- CHANGE PLANS

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING TEST AND CEMENT JOB
- OTHER:
- ALTERING CASING
- PLUG AND ABANDONMENT

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) 4½ CIBP set @ 750'
- 2) Spot cement from CIBP @ 750' to surface with 90 sacks cement, set PA marker
- 3) Job completed 3-12-96

Print ID-2
4-26-96
PFA

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 Elicia H. [Signature] TITLE District Secretary DATE 3/15/96

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

This space for State Use

MOVED BY [Signature] TITLE Field Rep DATE 1/23/96

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

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