

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-015-25386

Indicate Type of Lease
STATE ☒ FEE ☐

State Oil & Gas Lease No.
V-3138

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.)		Lease Name or Unit Agreement Name Big George State
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		
Name of Operator Mack Energy Corporation		Well No. 1
Address of Operator P.O. Box 960, Artesia, NM 88211-0960		Pool name or Wildcat West Cave San Andres
Well Location Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The East Line 12 Section 17S Township 28E Range NMPM Eddy County		
Elevation (Show whether DF, RKB, RT, GR, etc.) 3701 GL		

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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/ Rods & tubing
2. RIH spot 20sx. plug in 4 1/2 @ 1000' WOC tag (perf. 1067 to 1144)
3. Spot 100' plug @ 850 (bottom salt 750')
4. Spot 100' plug @ 370' (8 5/8 shoe @ 320')
5. Spot 30' plug @ surface
6. Cut off well Head install hole marker



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 _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: