

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies  
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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

Form C-105  
Revised 1-1-89

WELL API NO.

30-015-26340

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

V-3138

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well:

OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐

b. Type of Completion:

NEW WELL ☐ WORK OVER ☒ DEEPEN ☐ PLUG BACK ☐ DIFF RESVR ☐ OTHER ☐

2. Name of Operator

Mack Energy Corporation

3. Address of Operator

P.O. Box 960, Artesia, NM 88211-0960

4. Well Location

Unit Letter J : 2080 Feet From The South Line and 1980 Feet From The East Line

Section 12 Township 17S Range 28E NMPM Eddy County

10. Date Spudded

10-16-94

11. Date T.D. Reached

10-21-94

12. Date Compl. (Ready to Prod.)

11-15-94

13. Elevations (DF& RKB, RT, GR, etc.)

3702.2 GR

14. Elev. Casinghead

3702.2

15. Total Depth

7920'

16. Plug Back T.D.

17. If Multiple Compl. How Many Zones?

--

18. Intervals Drilled By

Rotary Tools

Cable Tools

X

19. Producing Interval(s), of this completion - Top, Bottom, Name

6994'-7048'

20. Was Directional Survey Made

No

21. Type Electric and Other Logs Run

CSNG, SDDSN, DLL-MSFL

22. Was Well Cored

No

23.

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8	48#	378'	17 1/2	370	
9 5/8	36#	2673'	12 1/4	1550	
5 1/2	17#	7920'	8 3/4	825	

24.

LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

25.

TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2 7/8	7070'	

26. Perforation record (interval, size, and number)

6994'-7048' .05

27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.

DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED

6994'-7048' 1000 gals 15% NE

6994'-7048' 1000 gals 15% NE

28.

PRODUCTION

Date First Production

11-15-94

Production Method (Flowing, gas lift, pumping - Size and type pump)

Pumping

Well Status (Prod. or Shut-in)

Prod

Date of Test

11-16-94

Hours Tested

24

Choke Size

Prod'n For Test Period

7

Oil - Bbl.

--

Gas - MCF

25

Water - Bbl.

--

Gas - Oil Ratio

--

Flow Tubing Press.

Casing Pressure

Calculated 24-Hour Rate

Oil - Bbl.

7

Gas - MCF

--

Water - Bbl.

25

Oil Gravity - API - (Corr.)

29. Disposition of Gas (Sold, used for fuel, vented, etc.)

Test Witnessed By

R. Chase

30. List Attachments

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature

Crissa D. Carter

Printed Name

Crissa D. Carter

Title Production Clerk Date 12-15-94

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

WELL API NO.  
30-015-26340

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
V-3138

7. Lease Name or Unit Agreement Name  
Big George State

8. Well No.  
#2

9. Pool name or Wildcat  
West Cave San Andres

**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 ☒ OAS WELL ☐ OTHER ☐

2. Name of Operator  
Mack Energy Corporation

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

4. Well Location  
Unit Letter J : 2080 Feet From The South Line and 1980 Feet From The East Line  
Section 12 Township 17S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3702.2

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Completion Work <input checked="" type="checkbox"/>

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.

10/29/94 Swabbing.  
10/30/94 Swabbing.  
10/31/94 Put on pump.  
11/01/94 thru 11/07/94 Pumping treatment water.  
11/08/94 Pulled rods and tubing. Perfed csg. 6994' - 7048'.  
11/09/94 Acidized perms 6994' - 7048' w/1000 gals 15% NEFE. Started swabbing. 10% oil cut.  
11/10/94 Ran in hole w/PPI tool. Acidized perms w/1000 gals acid.  
11/12/94 Put on pump.  
11/13/94 Pumping.  
11/14/94 Pumping.  
11/15/94 Pump 24 oil and 50 water.  
11/16/94 Pump 7 oil and 25 water.

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

SIGNATURE Crissa D. Carter TITLE Production Clerk DATE 11-16-94

TYPE OR PRINT NAME Crissa D. Carter TELEPHONE NO. 748-1288

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 6 1994

CONDITIONS OF APPROVAL, IF ANY: