

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
E y, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

DISTRICT II  
811 South First, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, New Mexico 87505

WELL API NO.  
30-015-29569

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
B-4456

7. Lease Name or Unit Agreement Name  
Aid State 14

8. Well No.  
1

9. Pool name or Wildcat  
Cisco

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3637 GR

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 88211-0960

4. Well Location  
Unit Letter O : 660 Feet From The South Line and 1330 Feet From The East Line  
Section 14 Township 17S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3637 GR

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: Cement Long String ☒

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.

4/01/2000 RIH w/187 joints. 5 1/2" 17# J-55 LT&C landed @ 8304'. Cement 1st stage w/600sx 50-50-2 .5% FL-25 5# salt. Drop bomb & open DV Tool Circ. 47sx. Circ. 6hrs.

4/02/2000 Cmt. 2nd stage w/900sx 35-65-6, 1/4# CF, 6# salt, & 100sx 50-50-2, .5% FL-25, 5# salt. Plug down @ 8:30AM.



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 Analyst DATE 4/13/00

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

(This space for State Use)

APPROVED BY Jim W. Gurn TITLE District Supervisor DATE APR 17 2000

CONDITIONS OF APPROVAL, IF ANY: