

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

## OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

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

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

WELL API NO. 30-015-03001
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name State S 19
Well No. 2
Pool name or Wildcat SWD, Grayburg, 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.)

Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER ☐

Name of Operator  
Mack Energy Corporation

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

Well Location  
Unit Letter I : 2310 Feet From The South Line and 330 Feet From The East Line  
19 Section 17S Township 29E Range NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
3668GL

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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: ☐

<sup>12</sup>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 24Hrs. Before starting

1. MIRU POH w/ tub. & pkr @ 2119
2. RIH spot 100' cmt. plug @ 2200 (perf @ 2254 to 2299 ) woc tag
3. Perf. @ 900 sqz. 100' plug (salt @ 815') woc tag
4. perf @ 657 sqz. 100' plug ( 7 5/8 shoe @ 607') TAG
5. Spot 60' plug @ surface Perforate 5 1/2" casing @ 50' Circulate cement to surface Inside & Outside 5 1/2" cas.
6. cut off well head install dry hole marker



\* Brine gel between cement plugs.  
Notify N.M.O.C.D. to witness Plugging operations.

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

SIGNATURE Wayne Brooks TITLE Agent DATE 01-09-01

TYPE OR PRINT NAME Wayne Brooks

TELEPHONE NO. 915 5807161

(This space for State Use)

APPROVED BY Mae Stillfield TITLE Field Rep. II DATE 1/11/2001

CONDITIONS OF APPROVAL, IF ANY: