

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. 30-015-03019
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. B-1266
Lease Name or Unit Agreement Name G.J. West Coop Unit
Well No. 38
Pool name or Wildcat GRBg, Jackson SR Q Grbg. SA

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator Mack Energy Corporation	
Address of Operator P.O. Box 960, Artesia, NM 88211-0960	
Well Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line <u>21</u> Section <u>17S</u> Township <u>29E</u> Range <u>NMPM</u> <u>Eddy</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3567 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.

1-3-01 RIH tagged cibp @ 3150 spot 10sx class "C" neat cmt on top  
1-3-01 Spot 50 sx. class "C" neat @ 2172 woc tag @ 2061 circulate well w/ 9.8 mud  
1/4/01 Perf. 4 holes @ 826 couldn't pump in @ 900 psi spot 25 sx. class "C" neat @ 886 woc tagged @ 752  
1/4/01 Circulate 10 sx. class "C" neat cmt from 60' to surface  
1/4/01 cut off well head install dry hole marker



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

SIGNATURE Roger Brooks TITLE Cementer DATE 01-04-01

TYPE OR PRINT NAME Roger Brooks TELEPHONE NO. 915 5807161

(This space for State Use)

APPROVED BY Phil Hawkins TITLE Field Rep I DATE 4/10/2001

CONDITIONS OF APPROVAL, IF ANY:

