

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, 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.
30-015-04175

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-8095

7. Lease Name or Unit Agreement Name
Etz C State

8. Well No.
8

9. Pool name or Wildcat
Grayburg Jackson, 7RVS,QN,GB,SA

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 E : 1980 Feet From The North Line and 660 Feet From The West Line
Section 16 Township 17S Range 30E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
2580

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

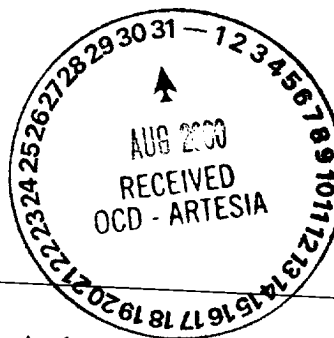
PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☒

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.

8/18/2000 Spot 50sx plug @ 2070'. POH to 1600' circ hole w/mud. RIH w/wireline & tag plug @ 1629'. Perfed 2 shots @ 1050'. RIH w/Packer & squeeze w/50sx. Tag plug @ 915'. Perfed @ 575' Squeeze w/50sx cement tag @ 410'. Spot 60' surface plug. Install dry hole marker.



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 8/30/00

TYPE OR PRINT NAME

Crissa D. Carter

TELEPHONE NO. (505)748-1288

This space for State Use

APPROVED BY [Signature]
CONDITIONS OF APPROVAL IF ANY:

TITLE

Field Rep 1

DATE

7-18-01