

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.  
30-015-10548

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
Johnson State

8. Well No.  
1

9. Pool name or Wildcat  
Artesia Queen Grayburg SA

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3644 GL

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 (505) 748-1288

4. Well Location  
Unit Letter K : 1760 Feet From The South Line and 1592 Feet From The West Line  
Section 30 Township 17S Range 29E NMPM Eddy, NM County

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 ☐

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.

1. Set CIBP 100' above perforation at 2286'. \*CIBP w/ 135' cement set @ 2286'.

2. Set 100' cement plug (45sx) 515-415, 50' below and above 8 5/8" surface casing

\* Perforate 5 1/2" csq @ 515'. Squeeze 100' cement Plug inside + outside 5 1/2" csq. TAG

3. Set 60' cement (10sx) surface plug.

4. Install dry hole marker and cut off anchors and level location and fill in pit.

\* Brine gel between all cement Plugs.

\* Notify NMOCD to witness Plugging operations.

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 8/18/00

TYPE OR PRINT NAME Crissa D. Carter TELEPHONE NO. (505)748-1288

(This space for State Use)

APPROVED BY Maree Stillfield TITLE Field Rep II DATE 8/31/2000

CONDITIONS OF APPROVAL, IF ANY:

