State of New Mexico Form C-103 Submit 3 Copies Energy, Ainerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-015-10608 Santa Fe, New Mexico 87504-2088 **DISTRICT II** 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE L STRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 B - 936SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: WELL X WELL. OTHER ETZ State 8. Well No. 2. Name of Operator Mack Energy Corporation 11 9. Pool name or Wildcat 3. Address of Operator P.O. Box 960, Artesia, NM 88211-0960 GRBG JACKSON SR ON GRBG SA Well Location Line and ____1770 : 2130 Feet From The South __ Feet From The <u>West</u> Line Unit Letter _ 30E **NMPM** Eddy 17S Range Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3675 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: X ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMEN COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** 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. Propose to plug and abandon as follows: Spot cmt plug from PBTD to 2000!. Tag plug @ 2000!. Fill hole w/10# Brine and 75 Gel perberal 1. 2. Perf csg @ 1055'. 3. Squeeze perfs w/50sx in and out of csg. 4. OIL CORL DIV 5. Tag plug @ 955. Perf csg @ 5**5**0'. 6. Squeeze perfs w/50sx in and out of csg. Will attempt to circ cmt to surface 9. (ATTEMPT CS(85/6) in and out of csg. Spot 60' surface plug. 8. Install dry hole marker and clean location. بور

(This space for State Use)

TYPE OR PRINT NAME

APPROVED BY

Crissa D. Carter

OCD TO

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

TITLE Production Clerk

DATE 10.30 95

rissa D. Carter TELEPHONE

WITNESS Tags and CIRC. CEMENT.

ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR NOV 2 8 1995

CONDITIONS OF APPROVAL, IF ANY: