

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  
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

NOV 10 1992

O. C. D.

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-936

7. Lease Name or Unit Agreement Name

ETZ State Unit

8. Well No.

119

9. Pool name or Wildcat

Grayburg-Jackson-SR-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

☒

OAS

WELL

☐

OTHER

2. Name of Operator

Mack Energy Corporation

3. Address of Operator

P.O. Box 1359, Artesia, NM 88211-1359

4. Well Location

Unit Letter K : 1650 Feet From The South Line and 2630 Feet From The West Line

Section 16 Township 17S Range 30E NMPM Eddy County

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

3672 GL

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 ☐

Change well name,

OTHER: Perf casing & Frac Grayburg zone ☒

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.

Change well name from ETZ State #26 to ETZ State Unit #119.

Propose to perforate 4 1/2 casing @ 2556, 70, 73, 76, 2621, 25, 33, 74, 82, 85, 2711, 88, 91, 2800, 07. Acidize perfs with 1000 gallons 15% NE acid.

Frac perfs with 20,000 gallons 30# Gel water with 300 sacks sand.

Pull well on pump.

Post ID-3  
11-20-92  
chg well  
name

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 Clerk

DATE 11/9/92

TYPE OR PRINT NAME Crissa D. Carter

TELEPHONE NO. 748-1288

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR DISTRICT II

APPROVED BY

TITLE

DATE

NOV 16 1992

CONDITIONS OF APPROVAL, IF ANY: