

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 Palmetto
Santa Fe, New Mexico 87505

WELL API NO.
30-015-22154

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.
27

9. Pool name or Wildcat
Grbg Jackson SR Q Grbg SA

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3687' RT

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 : 1850 Feet From The North Line and 1315 Feet From The West Line
Section 16 Township 17S Range 30E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3687' RT

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐ CASING TEST AND CEMENT JOB ☐

OTHER: ☐ OTHER: TA well ☒

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.

Mack Energy Corporation would like to place the ETZ "C" State #27 in TA status for a period of one year.

02/05/2002 MIRU squeeze off perforations w/100sx of Class C cement. WOC tag @ 1000'. Rig up and run CIT

Note: Attached you will find a chart for the CIT.

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 2/6/02

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

(This space for State Use)

APPROVED BY Denied TITLE 2-7-02 DATE 2-7-02

CONDITIONS OF APPROVAL, IF ANY: ==



