

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

WELL API NO.

30-015-27257

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-9563

7. Lease Name or Unit Agreement Name

G-J West Coop Unit

8. Well No.

#104

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 ☒

GAS  
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 M : 560 Feet From The South Line and 480 Feet From The West Line

Section 21

Township 17S

Range 29E

NMPM

Eddy

County

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

3598.7 GR

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: Spud and cement csg ☒

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.

Spudded @ 1:00 p.m. 1/23/93. Drilled 17 1/2" hole to 165',  
ran 4 jts. 13 3/8" 48# to 157', cemented with 200sx of Class C  
cement with 2% CC, circ 45sx to surf, plug down @ 6:00 p.m.  
1/23/93. WOC 18 hrs., tstd csg to 600# f/20 minutes--held okay.

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

SIGNATURE

Crisa D. Carter

TITLE

Production Clerk

DATE 1/26/93

TELEPHONE NO.

TYPE OR PRINT NAME

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS

SUPERVISOR DISTRICT II

APPROVED BY

TITLE

DATE

JAN 29 1993

CONDITIONS OF APPROVAL, IF ANY: