

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.
30-015-27258

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-514

7. Lease Name or Unit Agreement Name

G-J West Coop Unit

8. Well No.
#105

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 A : 990 Feet From The North Line and 990 Feet From The East Line

Section 28 Township 17S Range 29E NMPM Eddy County

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

3576.9 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 cmt 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 @ 2:00 p.m. 2/5/93. Drilled 17 1/2" hole to 138',
ran 5 jts. 13 3/8" K-55 54# csg to 136', cemented with 200sx
Class "C" with 2% CC, circ 34sx to surf, plug down @ 7:45 p.m.
2/5/93. WOC 18 hrs., tstd csg to 600# f/20 minutes--held OK.

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

SIGNATURE Crisis D. Carter TITLE Production Clerk DATE 2/8/93

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE FEB 15 1993

CONDITIONS OF APPROVAL, IF ANY: