

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

clsp
Op

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 87501-2088

JUL 30 1993

WELL API NO.

30-015-27362

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-1266

7. Lease Name or Unit Agreement Name

GJ West Coop Unit

8. Well No.

117

9. Pool name or Wildcat

Grayburg Jackson SR ON 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 C : 380 Feet From The North Line and 1650 Feet From The West Line

Section 21

Township 17S

Range

29E

NMPM

Eddy

County

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

3603.7 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: TD, 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.

TD 7 7/8" hole @ 4924'. Ran 115 jts 5 1/2" 17# J-55 LT&C R-3 csg. Set csg @ 4740'. DV tool @ 3617'. Cement 1st stage w/350sx Class C w/2.5# salt & 4/10 of 1% Halad 322. Circ 150sx. Cement 2nd stage w/1100sx Class C w/2.5# salt & 4/10 of 1% Halad 322. Circ 72sx. Plug down @ 6:30 pm 5/24/93. WOC 18 hrs., tstd csg to 1800# f/30 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

7/15/93

TELEPHONE NO.

TYPE OR PRINT NAME

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

TITLE

SUPERVISOR, DISTRICT IV

DATE

AUG 6 1993

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: