

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.

30-015-28210

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-514

7. Lease Name or Unit Agreement Name

GJ West Coop Unit

8. Well No.

121

9. Pool name or Wildcat

7 RVS

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 960, Artesia, NM 88211-0960

4. Well Location

Unit Letter F : 1712 Feet From The North Line and 1822 Feet From The West Line

Section 28 Township 17S Range 29E NMPM Eddy County

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

3582.5 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.

12-8-94 Spud 17 1/2" hole @ 7:15 pm. Drill to 153', ran 130' 13 3/8" 54# J-55 csg. Cement w/225sx Premium Plus w/2% CC. Circ 25sx cement. Plug down 7:30 am on 12-9-94. WOC 12 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

Crissa D. Carter

TITLE Production Clerk

DATE 1-16-95

TYPE OR PRINT NAME

Crissa D. Carter

TELEPHONE NO 748-1288

(This space for State Use)

DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: