

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. 30-015-28513
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. E-1266
7. Lease Name or Unit Agreement Name G J West Coop UT
8. Well No. 131
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 960, Artesia, NM 88211-0960	
4. Well Location Unit Letter 0 : 710 Feet From The South Line and 2380 Feet From The East Line Section 21 Township 17S Range 29E NMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3569 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

7-21-95 TD 7 7/8" hole at 5294'. RIH w/160 jts 5 1/2" 15.5#, ST&C at 5291'.
Cmt in 2 stages. 1st stage w/370sx 50/50 Poz, 2.5# salt, 4/10%
Halad 9, circ 62sx off DV Tool. 2nd stage w/480sx Hal-Lite, 6# salt,
1/4# flocele, tail in with 350sx 50/50 Poz, 2.5# salt, 4/10% Halad 9,
circ 85sx to pit. WOC 18 hrs, tstd csg to 1800# f/30 minutes -- held
okay.

RECEIVED

SEP 28 1995

OIL CON. DIV.
DIST. 2

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 9-25-95

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE OCT 10 1995

CONDITIONS OF APPROVAL, IF ANY: