

**DISTRICT I**  
P.O. Box 1980, Hobbs NM 88240

**DISTRICT II**  
811 South First, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd, Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
2040 South Pacheco  
Santa Fe, New Mexico 87505

WELL API NO.  
30-015-28880

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
B-2613

7. Lease Name or Unit Agreement Name

Willow State

8. Well No.  
1

9. Pool name or Wildcat  
Henshaw; S.E.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Mack Energy Corporation
3. Address of Operator P.O. Box 960, Artesia, NM 88211-0960	4. Well Location Unit Letter <u>O</u> : <u>330</u> Feet From The <u>South</u> Line and <u>2280</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>17S</u> Range <u>31E</u> NMPM <u>Eddy</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3794 GR	

RECEIVED

MAY 10 1996

OIL CON. DIV.  
DIST. 2

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER <input checked="" type="checkbox"/> 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.

4/24/96 TD 7 7/8" hole @ 8989'. Ran 201 jts 5 1/2" 17# N-80 & J-55 LT&C csg to 8973'. Cmt 1st stage w/100sx 50/50 poz, 3/10 of 1% CFR3, 5/10% Halad-9, 5# salt, & 425sx Hal Lite, 1/4# Flocele, 5# salt, tail in 150sx 50/50 poz, 3/10 of 1% CFR3, 5/10% Halad-9, 5# salt. Circ 120sx. Cmt 2nd stage w/525sx Hal Lite, 1/4# flocele, 5# salt, tail in 185sx 50/50 poz, 3/10 of 1% CFR3, 5/10% Halad-9, 5# salt. Circ 28sx. 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 Crissa D. Carter TITLE Production Clerk DATE 5/3/96

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

(This space for State Use)

**ORIGINAL SIGNED BY TIM W. GUM**  
**DISTRICT II SUPERVISOR**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUN 23 1996

CONDITIONS OF APPROVAL, IF ANY: