

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

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

DISTRICT II
811 South First, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-015-29965
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-742
7. Lease Name or Unit Agreement Name State S-19
8. Well No. 7
9. Pool name or Wildcat E Empire Yeso
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3645 GR

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 N : 330 Feet From The South Line 1242 Feet From The West Line
Section 19 Township 17S Range 29E NMPM Eddy County

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, Cement Long String 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.

12/26/97 TD 7 7/8" hole at 4:30PM at 4270' circ well, Rigged up loggers.

12/27/97 RIH with 5 1/2" 17# J-55 New LT&C csg. Ran total of 93 jts set at 4183', set DV tool at 3630', marker jt at 3396', Rig BJ up 1st stage 150sx 50/50/2 Poz, circ 15 sacks to pit, 2nd stage pump 600sx 65/35/6 lite, tail in with 350sacks 50/50/2 POZ, Plug down 7:00am.

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 12/29/97

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

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 8 1998

CONDITIONS OF APPROVAL, IF ANY

