

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. 30-015-30005
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-4381
7. Lease Name or Unit Agreement Name Juniper State
8. Well No. 1
9. Pool name or Wildcat Loco Hills Paddock
10. Elevation (Show whether DF, RKB, RGL, GR, etc.) 3662

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	
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>M</u> : <u>890</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>17S</u> Range <u>30E</u> NMPM <u>Eddy</u> County	
10. Elevation (Show whether DF, RKB, RGL, GR, etc.) 3662	

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, 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.

1/10/98 MIRU L&M Rig 3, Spud 12 1/4" hole @ 7:00 p.m., T D hole at 436'.

1/11/98 Ran 10 jts 8 5/8" 24# ST&C landed @ 412', BJ Service cement 8 5/8" casing w/ 300 sacks Class C 2% CaCl, plug down at 10:00 a.m. WOC 12 hrs, tstd csg to 600# for 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 1/26/98

TYPE OR PRINT NAME

Crissa D. Carter

TELEPHONE NO 748-1288

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUN
DISTRICT II SUPERVISOR

JAN 27 1998

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: