

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.
30-015-30603

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-7640

7. Lease Name or Unit Agreement Name

Tenneco State

8. Well No.
#1

9. Pool name or Wildcat
East Empire Yeso

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 M : 330 Feet From The South Line and 330 Feet From The West Line

Section 20 Township 17S Range 29E NMPM Eddy, NM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3646'

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 & Cement Casing ☐

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.

4/05/1999 Spud 17 1/2" hole @ 3:30PM, TD 335' 11:00PM, circ well POH, rig up csg. crew RIH with 6 jts. 13 3/8" 54# ST&C K-55 268'
Landed casing @ 283'. BJ Cemented with 350 sacks Class C 2% CaCl plug down 3:30AM. Spud 12 1/4" hole.

4/06/1999 TD 12 1/4" hole @ 816' @ 4:25AM. RIH w/19 jts 8 5/8" 24# J-55 ST&C, Landed casing @ 811'. c/w 250 sx 35-65-6 6# salt 1/4#
CF & 200 sx Class C 2% CC. Plug down @ 8:30AM. Circ. 52 sx.



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 Analyst DATE 05/13/1999

TYPE OR PRINT NAME

Crissa D. Carter

TELEPHONE NO. (505)748-1288

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR 561

APPROVED BY _____ TITLE _____ DATE 5-18-99

CONDITIONS OF APPROVAL, IF ANY: