

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.
30-015-30675

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-1266

7. Lease Name or Unit Agreement Name
Rincon State

8. Well No.
#3

9. Pool name or Wildcat
East Empire Yeso

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3605

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 J : 1650 Feet From The South Line and 1650 Feet From The East Line
Section 20 Township 17S Range 29E NMPM Eddy, NM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3605

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 Casings ☒

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.

9/09/1999 Spud 17 1/2" hole @ 4:00pm. TD 17 1/2" hole @ 10:00pm. RIH w/4 jts 13 3/8" 48# J-55 ST&C csg. Landed @ 191'. RU BJ & c/w 175sx Class C 2% CC.

9/10/1999 Circ 32sx. Plug down @ 1:00am. 1:00pm spud 12 1/4" hole.

9/11/1999 TD 12 1/4" hole @ 8:00pm @ 857'. RIH w/19 jts 8 5/8" 24# J-55 ST&C csg. Landed @ 854'. RU BJ & c/w 225sx 35-65-6 1/4# CF 3# salt & 200sx Class C 2% CC. Circ 77sx. Plug down @ 12:45am.

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 9/17/99

TYPE OR PRINT NAME Crissa D. Carter TELEPHONE NO (505)748-1288

(This space for State Use)

APPROVED BY Jim W. Green TITLE District Supervisor DATE 9-27-99

CONDITIONS OF APPROVAL, IF ANY: