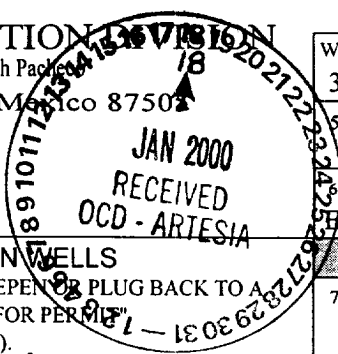


DISTRICT I  
P.O. Box 1980, Hobbs NM 88240

DISTRICT II  
811 South First, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION  
2040 South Pacific  
Santa Fe, New Mexico 87501



WELL API NO.  
30-015-30866

6. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
H-742

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).

7. Lease Name or Unit Agreement Name

Mesquite State

1. Type Of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
Mack Energy Corporation

8. Well No.  
7

3. Address of Operator  
P.O. Box 960 Artesia, NM 88211-0960

9. Pool name or Wildcat  
East Empire Yeso

4. Well Location  
Unit Letter E : 2310 Feet From The North 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.)  
3649

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 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.

1/02/2000 TD hole @ 11:00PM at 4215'.

1/03/2000 RIH with 5 1/2" Used 17# LT&C J-55 casing 97 joints set @ 4210', Cemented 1st stage w/120sx 50/50 Poz, 2% gel, 5# salt, 5/10% HL25. WOC 6 hrs.

1/04/2000 Cemented 2nd stage w/450sx 35/65 Lite, 6% gel, 3# salt, 1/4# CF, tail in w/250sx 50/50 Poz, 2% gel, 5# salt, 5/10% HL25, plug down 4:25AM circ 45sx. release rig.

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 1/14/00

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

(This space for State Use)

APPROVED BY Jim W. Gunn TITLE District Supervisor DATE 1-20-00

CONDITIONS OF APPROVAL, IF ANY:

11-11-11