

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

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. 30-015-30917
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-4201
7. Lease Name or Unit Agreement Name State S-19
8. Well No. 15
9. Pool name or Wildcat Empire Yeso
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3669 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 <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 J : 1815 Feet From The South Line and 1650 Feet From The East Line Section 19 Township 17S Range 29E NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3669 GR	

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: ☐

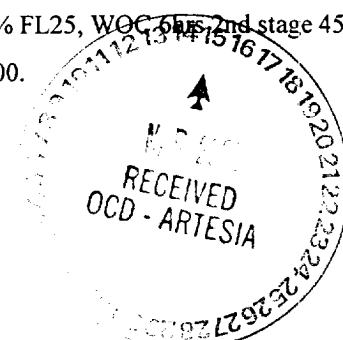
SUBSEQUENT REPORT OF:

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.

2/29/2000 TD 7 7/8" hole @ 4402' at 3:30pm.

3/01/2000 RIH 5 1/2" 17# 101 joints LT&C @ 4397.25', Cmt. 1st stage 140sx 50/50:2 5# salt 5/10% FL25, WOC 6hrs 2nd stage 450sx 35/65:6 3# salt 1/4# CF tail 250sx 50/50:2, 5# salt 5/10% FL25 circ 42sx plug down 12:45AM 3-2-00.



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 3/13/00

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

(This space for State Use)

APPROVED BY Jim W. Green TITLE District Supervisor DATE 3-15-00

CONDITIONS OF APPROVAL, IF ANY:

