

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

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, New Mexico

DISTRICT II
811 South First, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.
30-015-32502

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-4201

7. Lease Name or Unit Agreement Name

State S-19

8. Well No.
6

9. Pool name or Wildcat
Empire Yeso

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A WELL TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL A WELL TO A
(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 2310 Feet From The East Line
Section 19 Township 17S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3662' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER Completion ☒

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.

12/26/2002 Drill out DV tool, perforated from 3818-4149', 92 holes.

12/27/2002 Acidized w/2500 gals 15% acid.

12/28/2002 Reacidized w/32,000 gals 20% acid, 54,000 gals 40# gel, 5000 gals 15% acid and 4500 gals fresh water flush.

12/30/2002 RIH w/2 7/8" tubing 135 joints SN @ 4166', RIH w/2 1/2 x 2 x 16' pump.

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 1/23/2003

TYPE OR PRINT NAME

Crissa D. Carter

TELEPHONE NO.

(This space for State Use)

APPROVED BY APR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

