Form 3160-5
(July 1989)
(Formerly 9-331)

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse side)

MM Roswell District
Modified Form No.
NM060-3160-4

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.

NMLC 066445

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.	
OIL WELL ☐ GAS WELL ☐ OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	3a. Area Code & Phone No.	8. FARM OR LEASE NAME
Mack Energy Corporation	(505) 748-3436	Empire J Federal
3. ADDRESS OF OPERATOR		9. WELL NO.
Post Office Box 276, Artesia, New Mexico 88211-0276		1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit P: 990 feet from the South line and 365 feet from the East
line.

10. FIELD AND POOL, OR WILDCAT

Red Lake/Permian

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 1, T18S, R26E

14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
		Eddy	NM

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) Change of operator ☒

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) _____

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Change of operator from: Trigg Family Trust
                           Post Office Box 520
                           Roswell, New Mexico   88202-0520

                       to: Mack Energy Corporation
                           Post Office Box 276
                           Artesia, New Mexico   88211-0276

effective August 1, 1992.

18. I hereby certify that the foregoing is true and correct

SIGNED _____   TITLE Vice President   DATE 8/4/92

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side