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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. 30-015-02645
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. OG-1644

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 West Artesia Grayburg Unit <i>TR. 9</i>
1. Type Of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injection	8. Well No. 1, 4 & 13	
2. Name of Operator Mack Energy Corporation	9. Pool name or Wildcat Artesia Queen Grayburg SA	
3. Address of Operator P.O. Box 960, Artesia, NM 88211-0960		
4. Well Location Unit Letter <u>C</u> : <u>990</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>8</u> Township <u>18S</u> Range <u>28E</u> NMPM <u>Eddy</u> County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3600' GR		

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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 ☒ Explanation

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.

The above mentioned wells are not shut-in, they are active injection wells. Due to line pressure and distance from pump the amount of water injected into the West Artesia Grayburg Unit #1, 4 and 13 is to small to measure. There are a total of seven injection wells on this lease and the majority of the water injected is split between the other four wells.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Cassia D. Carter*

TITLE

Production Analyst

DATE

9/18/02

TYPE OR PRINT NAME

Cassia D. Carter

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY.