

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  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED  
JUN 24 1992

O. C. D.  
OFFICE

WELL API NO.

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
B-11726

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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
Mack Energy Corporation ✓

3. Address of Operator  
P.O. Box 276 - Artesia, New Mexico 88211-0276

4. Well Location  
Unit Letter L : 330 Feet From The West Line and 2260 Feet From The South Line

7. Lease Name or Unit Agreement Name

Loco Hills State #1

8. Well No.  
Artesia on -GB-SA

9. Pool name or Wildcat

Section 25 Township 18-5 Range 28-E NMPM NMPM Eddy County

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

3442' 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: ☐

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. Set 5 1/2 CIBP at 1100' and cap W/35' cement
2. Load hole W/mud
3. Spot 25 sacks of cement and plug at 400'
4. Spot 10 sacks of cement at surface and set up P. & A. marker

Post ID-2  
7-10-92  
YFA

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

SIGNATURE Raymond M. Wadsworth TITLE Super. DATE 2-13-92

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: