

CISF  
up

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.

30-015-32151

5. Indicate Type of Lease

STATE ☒

FEE ☐

State Oil & Gas Lease No.

3627

Lease Name or Unit Agreement Name

Antelope State

8. Well No.

3

9. Pool name or Wildcat

Undesignated Maljamar-Grayburg

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 960, Artesia, NM 88211-0960

4. Well Location

Unit Letter K : 2310 Feet From The South Line and 2310 Feet From The West Line

Section 36 Township 17S Range 31E NMPM Eddy County

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

3833' 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 ☒ Completion, Downhole Commingle

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.

09/05/2002 Perforated from 3646-3686', 28 holes, set RBP @ 3850'.

09/06/2002 Acidized w/1500 gals 15% HCL.

09/07/2002 Reacidized w/32,000 gals 20% acid, 54,000 gals 40# gel, 5000 gals 15% acid and 4500 gals fresh water flush.

09/12/2002 Pull RBP, RIH w/2 7/8" tubing 142 joints SN @ 4386', RIH 2 1/2 x 2 x 22' 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

10/24/02

TYPE OR PRINT NAME

Crissa D. Carter

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

OCT 25 2002

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: