

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OIL CONS COMMISSION  
Drawer DD  
Artesia, NM 88210

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: September 30, 1990  
5. Lease Designation and Serial No.  
NMNM-0560353

SUNDY NOTICES AND REPORTS ON WELLS  
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
Mack Energy Corporation

3. Address and Telephone  
P.O. Box 1 Artesia, N.M. 88211-1359 505-748-1288

4. Location of Well  
-S R-30-E 2180 FNL 2080 FWL Unit F  
Sec 1 T

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
Hale Fed #2

9. API Well No.  
30-015-24082

10. Field and Pool, or Exploratory Area  
Sugart Yates SR ON Grbc

11. Country or Parish, State  
Eddy N.M.

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

12. TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☒ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☐ Other

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

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

13. 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.)

(1) Set 4 1/2 CIBP 2500' Cap w/35' cement

(2) Spot 25 sacks of cement plug at base of salt 2005'

(3) Spot 40 sacks of cement plug at top of salt 8 5/8 shoe from 761' - 595'

(4) Spot cement plug from 60' to surface

RECEIVED

NOV 15 1995

OIL CON. DIV.  
DIST. 2

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

Signed Raymond M. Maderado

Title Supervisor

Date 10-25-95

(This space for Federal or State office use)

Title

Date

Approved by  
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent  
or representations as to any matter within its jurisdiction.  
\*See Instruction on Reverse Side

**BUREAU OF LAND MANAGEMENT**  
**CARLSBAD RESOURCE AREA**

**Permanent Abandonment of Wells on Federal Lands**

**Conditions of Approval**

1. **Approval:** Plugging operations shall commence within 90 days from the approval date of plugging procedure.
2. **Notification:** Contact the appropriate BLM office at least 24 hours prior to the commencing of any plugging operations. For wells in Eddy County call (505)887-6544 ; for wells in Lea County call (505) 393-3612.
3. **Blowout Preventers:** A blowout preventer (BOP), as appropriate, shall be installed before commencing any plugging operation. The minimum BOP requirement is a 2M system for a well not deeper than 9,696 feet; a 3M system for a well not deeper than 13,636 feet ; and a 5M system for a well not deeper than 22,727 feet.
4. **Mud Requirement:** Mud shall be placed between all plugs. Minimum consistency of plugging mud shall be obtained by mixing at the rate of 25 sacks ( 50 pounds each ) of gel per 100 barrels of water. Minimum nine (9) pounds per gallon.
5. **Cement Requirement:** Sufficient cement shall be used to bring any required plug to the specified depth and length. Any given cement volumes on the proposed plugging procedure are merely estimates and are not final.

Unless otherwise specified in the approved procedure, the cement plug shall consist of either class "C" , for up to 7,500 feet of depth, mixed at 14.8 lbs./gal. with 6.3 gallons of fresh water per sack or class "H" , for deeper than 7,500 feet plugs, mixed at 16.4 lbs./gal. with 4.3 gallons of fresh water per sack.
6. **Dry Hole Marker:** All casing shall be cut-off at the base of the cellar or 3 feet below final restored ground level (whichever is deeper). The well bore shall then be capped with a 4-inch pipe, 10-feet in length, 4 feet above ground and embedded in cement. The following information shall be permanently inscribed on the dry hole marker: Well name and number, the name of the operator, the lease serial number, the surveyed location (the quarter-quarter section, section, township and range or other authorized survey designation acceptable to the authorized officer; such as metes and bounds).
7. **Subsequent Plugging Reporting:** Within 30 days after plugging work is completed, file one original and five copies of the Subsequent Report of Abandonment, Form 3160-5 to BLM. The report should give in detail the manner in which the plugging work was carried out, the extent (by depths) of cement plugs placed, and the size and location (by depths) of casing left in the well. Show date well was plugged.

Following the submittal and approval of the Subsequent Report of Abandonment, surface restoration conditions of approval will be developed and furnished to you.

District I  
PO Box 1900, Hobbs, NM 88241-1900  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-1004  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Mack Energy Corporation P.O. Box 1359 Artesia, NM 88211-1359		OGRID Number 013837
Reason for Filing Code CH		Effective 7/1/94
API Number 30-015-24082	Pool Name Shugart Yates SR Queen Grayburg	Pool Code 56439
Property Code 015499	Property Name Hale Federal	Well Number 2

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West line	County
F	1	19S	30E		2180	North	2080	West	Eddy

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
F									
Lea Code F	Producing Method Code Shut-in	Gas Connection Date 1-15-83	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
009171	GPM Gas Corporation 4001 Penbrook Odessa, TX 79762	1163630	G	Unit K: Sec. 1 T19S R30E
005108	Conoco, Inc., Transportation 1406 W. County Road Hobbs, NM 88240	1163610	O	Unit K: Sec. 1 T19S R30E

IV. Produced Water

POD	POD ULSTR Location and Description
1163650	Unit K: Sec. 1 T19S R30E

V. Well Completion Data

Spud Date	Ready Date	TD	PSTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	Post FO-3 10-14-94 chg up

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Crissa D. Carter  
Printed name: Crissa D. Carter  
Title: Production Clerk  
Date: 8-12-94 Phone: (505) 748-1288

OIL CONSERVATION DIVISION  
SUPERVISOR, DISTRICT II

Approved by: [Signature]  
Title: [Signature]  
Approval Date: AUG 23 1994

If this is a change of operator fill in the OGRID number and name of the previous operator

Larry's Drilling & Pump Company 013109

Previous Operator Signature

Printed Name

Larry Felkins

Title

Owner/Operator

Date  
8-16-94

New Mexico Oil Conservation Division  
C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.  
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filing code from the following table:  

NW	New Well
RC	Recompletion
CH	Change of Operator
AO	Add oil/condensate transporter
CO	Change oil/condensate transporter
AG	Add gas transporter
CG	Change gas transporter
RT	Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.
4. The API number of this well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the OCD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:  

F	Federal
S	State
P	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe
13. The producing method code from the following table:  

F	Flowing
P	Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. MO/DA/YR of the C-129 approval for this completion
17. MO/DA/YR of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
21. Product code from the following table:  

O	Oil
G	Gas

22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
  23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
  24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
  25. MO/DA/YR drilling commenced
  26. MO/DA/YR this completion was ready to produce
  27. Total vertical depth of the well
  28. Plugback vertical depth
  29. Top and bottom perforation in this completion or casing shoe and TD if openhole
  30. Inside diameter of the well bore
  31. Outside diameter of the casing and tubing
  32. Depth of casing and tubing. If a casing liner show top and bottom.
  33. Number of sacks of cement used per casing string
- The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.
34. MO/DA/YR that new oil was first produced
  35. MO/DA/YR that gas was first produced into a pipeline
  36. MO/DA/YR that the following test was completed
  37. Length in hours of the test
  38. Flowing tubing pressure - oil wells  
Shut-in tubing pressure - gas wells
  39. Flowing casing pressure - oil wells  
Shut-in casing pressure - gas wells
  40. Diameter of the choke used in the test
  41. Barrels of oil produced during the test
  42. Barrels of water produced during the test
  43. MCF of gas produced during the test
  44. Gas well calculated absolute open flow in MCF/D
  45. The method used to test the well:  

F	Flowing
P	Pumping
S	Swabbing

If other method please write it in.
  46. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
  47. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED NM OIL CONS COMMISSION  
Drawer DD  
Artesia, NM 88210

SEP-9-94

O. C. D.  
ARTESIA, OFFICE

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-0560353
2. Name of Operator Mack Energy Corporation	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 1359, Artesia, NM 88211-1359 (505) 748-1288	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit F: 2180 FNL 2080 FWL Section 1, T19S R30E	8. Well Name and No. Hale Federal 2
	9. API Well No. 30-015-24082
	10. Field and Pool, or Exploratory Area Shugart Yates SR QN Graybur
	11. County or Parish, State Eddy, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Change of Operator
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13 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: Larry's Drilling & Pump Company  
Larry Felkins  
2116 W. Bender  
Hobbs, NM 88240

to: Mack Energy Corporation  
P.O. Box 1359  
Artesia, NM 88211-1359

EFFECTIVE 7/1/94

*J. Lara*  
- 8 1994

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

Signed Cissa D. Caste Title Production Clerk Date 8/12/94

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: