

Form 3160-5
(June 1990)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

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

SEP-9 '94

O.C.D.

ARTESIA, OFFICE

5. Lease Designation and Serial No.

NM-0560353

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Hale Federal 3

9. API Well No.

30-015-24375

10. Field and Pool, or Exploratory Area

Shugart Yates SR QN Grayburg

11. County or Parish, State

Eddy, NM

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Mack Energy Corporation

3. Address and Telephone No.

P.O. Box 1359 Artesia, NM 88211-1359 (505) 748-1288

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit E: 1980 FNL 990 FWL
Section 1, T19S R30E

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

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 Operator

- ☐
- Change of Plans
-
- ☐
- New Construction
-
- ☐
- Non-Routine Fracturing
-
- ☐
- Water Shut-Off
-
- ☐
- Conversion to Injection
-
- ☐
- 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 88240to: Mack Energy Corporation
P.O. Box 1359
Artesia, NM 88211-1359

EFFECTIVE 7/1/94

J. Lara
- 7 1994

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

Signed

*Crispina Carter*Title Production ClerkDate 8/12/94

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date