

Submit 3 Copies  
to Appropriate  
District Office

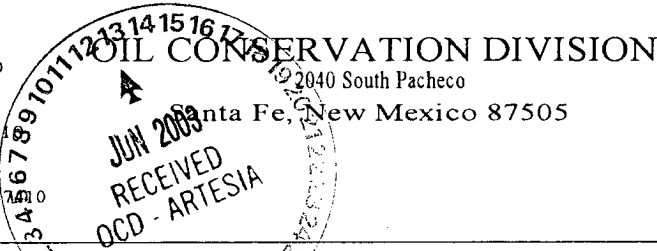
State of New Mexico  
Energy, Minerals and Natural Resources Department

S  
Form C-103  
Revised 1-1-89

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 87420



WELL API NO.  
30-015-21150

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
VA-2882

7. Lease Name or Unit Agreement Name

Golden Bear State

8. Well No.  
1

9. Pool name or Wildcat  
Morrow

**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 : 1980 Feet From The South Line and 1980 Feet From The West Line

Section 33 Township 17S Range 21E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4238' 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 Cement casing ☒

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.

05/12/2003 RIH start drilling cement plugs.

05/29/2003 TD hole @ 4315'.

05/30/2003 RIH w/96 joints 5 1/2" 17# J-55 LT&C set @ 4242', Cemented w/225 sx 35-65-6, 1/4# CF, 3# salt, tail in w/760 sx 50-50-2, 5% KCL, 5# gil, 1% FL25, .4% FL52, .3% SMS, circ 98 sx, plug down @ 3:30 PM. WOC 12 hours tested casing to 600# for 20 minutes, held OK.

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 6/10/2003

TYPE OR PRINT NAME

Crissa D. Carter

TELEPHONE NO.

(This space for State Use)

**ORIGINAL SIGNED BY TIM W. GUM**  
**DISTRICT II SUPERVISOR**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

**JUN 16 2003**

CONDITIONS OF APPROVAL, IF ANY: