

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

NOV 20 1992

O. C. D.

API NO. (assigned by OCD on New Wells)

30-015-20192

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-514

7. Lease Name or Unit Agreement Name

G-J West Coop Unit

8. Well No.

108

9. Pool name or Wildcat

Grbg Jackson SR Q Grbg SA

1a. Type of Work:

DRILL ☐

RE-ENTER ☒

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER ☐

SINGLE  
ZONE ☒

MULTIPLE  
ZONE ☐

2. Name of Operator

Mack Energy Corporation

3. Address of Operator

P.O. Box 1359

4. Well Location

Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line

Section 28

Township 17S

Range 29E

NMPM

Eddy

County

10. Proposed Depth

4500'

11. Formation

San Andres

12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.)

3575.5 GR

14. Kind & Status Plug. Bond

Statewide Active

15. Drilling Contractor

Pride

16. Approx. Date Work will start

12-15-92

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2	13 3/8	48#	335'	350 sx	circ
11	8 5/8	32#	1470-3000'	400 sx	
7 7/8	5 1/2	17#	4500'	sufficiently attempt to circ.	

We propose to re-enter this well, clean out to 4500' and run 5 1/2 casing to test San Andres zone, put well on production.

Formerly:

Solar Oil Company  
Geraldine State #1

OTD - 6380

P+A - 3-24-69

APPROVAL VALID FOR 180 DAYS  
PERMIT EXPIRES 5-30-93  
UNLESS DRILLING UNDERWAY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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 Clerk

DATE 11/24/92

TELEPHONE NO. 748-1288

TYPE OR PRINT NAME Crissa Carter

(This space for State Use)

APPROVED BY

Mark B. Blevins

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 30 1992