

87505

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

May 27, 2004

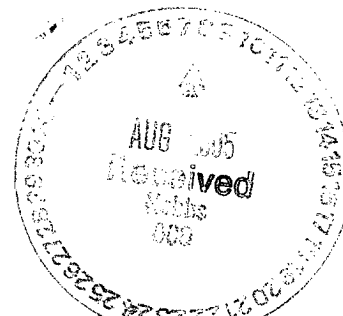
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name Lea KG State
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Number 7
2. Name of Operator Mack Energy Corporation		9. OGRID Number 013837
3. Address of Operator P. O. Box 960 Artesia, NM 88211-0960		10. Pool name or Wildcat Vacuum;Grayburg-San Andres
4. Well Location Unit Letter <u>O</u> <u>990</u> feet from the <u>South</u> line and <u>2310</u> feet from the <u>East</u> line Section <u>35</u> Township <u>17S</u> Range <u>33E</u> NMPM County <u>Lea</u>		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4123' GR		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type _____ Depth Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bb1s: Construction Material _____		

OTHER: \_\_\_\_\_

OTHER: Spud and cement casings ☒

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

06/25/2005 RIH w/112 joints 5 1/2" 15.5# J-55 set @ 4958', Cemented w/760 sx 35-65-6, tail in w/592 sx 50-50-2, circ 165 sx, plug down 10:15 AM. 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. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒ a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Jerry W. Spivack TITLE Production Clerk DATE 8/4/2005

Type or print name Jerry W. Sherrell E-mail address: je@sherrell.com Telephone No. (505)748-1288  
For State Use Only

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 Conditions of Approval (if any): \_\_\_\_\_

AUG 15 2005