

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

WELL API NO. 30-025-33063
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. OG-1999
7. Lease Name or Unit Agreement Name LEA KG STATE
8. Well No. 4
9. Pool name or Wildcat CORBIN ABO

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4103 GR
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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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator MACK ENERGY CORPORATION	3. Address of Operator P.O. BOX 960, ARTESIA NM 8821-0960
4. Well Location Unit Letter A : 330 Feet From The NORTH Line and 990 Feet From The EAST Line Section 35 Township 17S Range 33E NMPM LEA County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4103 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: **RUN 13 3/8" SURFACE CSG** ☐

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.

11-18-95 Spud 17 1/2" hole @ 11:30 A.M., T.D. 17 1/2" hole @ 342'. Ran 11 jts 13 3/8" J-55 54.5# ST&C csg. Landed csg at 340'. Cement csg w/400sx Hali Prem Plus w/2% CaCl. Plug down 7:00 P.M. Circ 130sx cmt to surface. Test Csg to 500# and held for 30 minutes. Held OK. WOC 18 hrs..

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 **11/5/95**

TYPE OR PRINT NAME **CRISSA D. CARTER** TELEPHONE NO. **748-1288**

(This space for State Use)

ORIGINAL FILED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 08 1995

000 08 1932

