

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1940, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL APT NO. 30-025-23245
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. V-4304
7. Lease Name or Unit Agreement Name State SS
8. Well No. 1
9. Pool name or Wildcat SWD; San Andres

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 F : 1980 Feet From The North Line and 1980 Feet From The West Line Section 24 Township 17-S Range R-36-E NMMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, CR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☒
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

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.

- 10-04-02 Rig up unit, RIH w/ 5-1/2" gauge ring, set down @ 4690'.
Set CIBP @ 4680' (okayed by Gary Wink w/ OCD) cap it w/ 35' cmt.
- 10-07-02 Mud up hole, (pressure test csg. @ 600 PSI, test okay), perf. 4 holes @ 1990', sqz 35 sx cmt., WOC until next day.
- 10-08-02 Tag cmt. plug @ 1885', perf. 4 holes @ 382', sqz 35 sx cmt. w/ 2% CaCl, WOC 4 hrs. tag cmt. plug @ 275', spot 10 sx cmt. to surface. (60' - 0).
Rig down unit, clean location, cut off wellhead, & install dry hole marker.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Crista D. Carter TITLE Production Analyst DATE 10/14/2002
TYPE OR PRINT NAME DCI 14 TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Johnny Robinson TITLE COMPLIANCE OFFICER DATE DEC 09 2002
CONDITIONS OF APPROVAL, IF ANY GW