State of New Mexico

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Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DATE

District Office OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs NM 88240 WELL API NO. 2040 South Pacheco 30-025-23690 Santa Fe, New Mexico 87505 DISTRICT II 811 South First, Artesia, NM 88210 5. Indicate Type of Lease STATE 🛛 FEE **DISTRICT III** 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd, Aztec, NM 87410 E-6005 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS). 1. Type Of Well: OIL State "36" 冈 OTHER 2. Name of Operator 8. Well No. Mack Energy Corporation 3. Address of Operator 9. Pool name or Wildcat P.O. Box 960, Artesia, NM 88211-0960 Lea Bone Springs 4. Well Location 2130 Feet From The ___ South 660 Feet From The Line and Line 34E Lea, NM Township Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3707 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON ALTERING CASING PERFORM REMEDIAL WORK REMEDIAL WORK CHANGE PLANS PLUG AND ABANDONMENT **TEMPORARILY ABANDON** COMMENCE DRILLING OPNS. PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER_ 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. Mack Energy Corporation proposes to plug as follows 1. Set cement plug 50' above and below intermediate casing, 4060-3960'. — TAG 2. Set cement plug 50' above and below bottom of salt, 3420-3320'. 3. Set cement plug 50' above and below top of salt, 1930-1830'. 50'ABOVEYBELOW SURF. GG. SHOET TAG. 4. Set 10 sx plug at surface. 6 . Install dry hole marker. NOTE. Well was plugged back and 4 1/2 casing pulled 11/2/91 by Xeric Oil & Gas THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED. I hereby certify that the information above is true and complete to the best of my knowledge and belief. 1/8/02 **Production Analyst** DATE . SIGNATURE -TELEPHONE NO. 748-1288 Crissa D. Carter TYPE OR PRINT NAME (This space for State Use)