

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 1980, 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 API NO. 30-025-03983

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-1040

7. Lease Name or Unit Agreement Name

STATE Y A

8. Well No.

1

9. Pool name or Wildcat

Eument Yates SR-QN

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 1359, Artesia, N.M. 88211-1359

4. Well Location

Unit Letter P : 990 Feet From The South Line and 990 Feet From The East Line

Section 1

Township 19-S

Range 36-E

NMPM Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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: ☐

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.

(1) Set 5½ CIBP @ 3850', cap w/35' cement

(2) Load hole w/mud

(3) Cut & pull 5½ casing @ 343'

(4) Spot 35 sks cement plug @ 5½ stub & 8 5/8 shoe, 400' W.O.C. tag cement top @ 238'

(5) Spot 10 sks cement plug @ surface, set P&A marker

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

SIGNATURE Raymond McDonald TITLE Supervisor DATE 8-26-94

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY Johnny Robinson TITLE Supervisor DATE 8-26-94

CONDITIONS OF APPROVAL, IF ANY: