

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 88241-1980

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

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
3002520766

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

Olsen Stuart

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

8. Well No. 1

2. Name of Operator
Mack Energy Corporation

3. Address of Operator
P.O. Box 960, Artesia, NM 88211

9. Pool name or Wildcat
Langlie Mattox 7 RQ

4. Well Location
Unit Letter K : 2310 Feet From The South Line and 2310 Feet From The West Line

Section 11 Township 25S Range 37E 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:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
DRILL OR ALTER CASING ☐
OTHER: ☐

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. MIRU plugging unit.
2. Spot 25 sx cmt. on top of CIBP @ 3150-3050'.
3. Spot 25 sx cmt. 2395-2295'.
4. Perforate 5-1/2" csg. @ 1051', squeeze w/ 35 sx cmt. 2050-951', WOC & tag.
5. Spot 25 sx 300-200'.
6. Spot 10 sx 60-3'.
7. RD, cut off wellhead, install dry hole marker, & clean location.

Verbal Approval From Gary Wink w/ NM OCD on 5-30-02

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

SIGNATURE Tony Hall TITLE Supervisor DATE 5/31/02
TYPE OR PRINT NAME Tony Hall TELEPHONE NO. (505) 748-1288

(This space for State Use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY
GARY W. WINK
OCD FIELD REPRESENTATIVE

DATE

JUN 6 2002