to Appropriate	State of New Mexico	F (2.103		
Submit 3 Copies	Energy, Minerals and Natural Resources Department	Form C-103 Revised 1-1-89		
District Office		07		
DISTRICT I	OIL CONSERVATION DIVISION	WELL API NO.		
P.Ö. Box 1980, Hobbs NM 8824	2040 South Pacheco	30-015-03021		
DISTRICT II 811 South First, Artesia, NM 88	Santa Fe, New Mexico 87505	5. Indicate Type of Lease STATE FEE FEE		
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM	87410	6. State Oil & Gas Lease No.		
CLINIDA	Y NOTICES AND REPORTS ON WELLS	B-9563		
		7. Lease Name or Unit Agreement Name		
	FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS).			
1. Type Of Well:	_			
OIL GAS C	OTHER	G J West Coop Unit		
2. Name of Operator V Mack Energy Corporation		8. Well No. 34		
3. Address of Operator		9. Pool name or Wildcat		
P.O. Box 960, Artesia, NM	88211-0960	Grbg Jackson SR Q Grbg SA		
4. Well Location				
Unit LetterL	1980 Feet From The South Line and 66	Feet From The West Line		
Section 21	Township 17S Range 29E	NMPM Eddy County		
	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3603 GR			
11.	heck Appropriate Box to Indicate Nature of Notice, Re	eport, or Other Data		
		SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB			
OTHER:	OTHER	OTHER 85 5-19-00		
12. Describe Proposed or Con work) SEE RULE 1103.	pleted Operations (Clearly state all pertinent details, and give pertinent dates, inc	luding estimated date of starting any proposed		
· · · · · · · · · · · · · · · · · · ·	14# CIBP on wire line set @ 2200'. Spot 5sx plug on top of CIBI	P. Circ. hole w/Brine gel. Perfed @ 710'. RIH		
w/5 1/2 PKR. couldn't pump	into perfs @ 200#. Spot 35sx plug @ 710'. Wait 45 min. & tag @	571'. Perfed @ 312'. Pump through perfs @		
100#. POH w/Pkr. Put swage	in csg. & circ. Cmt. to surface out 13 3/8" csg. Set dry hole mark	Sold State and Control of the state of the s		
I hereby certify that the into unation a	pove is true and complete to the best of my knowledge and belief.			

DATE -SIGNATURE -Crissa D. Carter TELEPHONE NO. (505)748-1288 TYPE OR PRINT NAME

(This space for State Use)

TITLE Field Pap. I

DATE 8-31-2000

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