Submit 3 Copies to Appropriate District Office	State of Energy, Minerals and N			orm C-103 evised 1-1-8	~// • 1		
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATION DIVISION			WELL AD NO.			Ty
DISTRICT II 811 South First, Artesia, NM 88210	2040 South Pacheco Santa Fe, New Mexico 87505			30- 025 -1031 5. Indicate Type			<u> </u>
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410				6. State Oil & G	STATE	⊠ FE	EE 🗆
			inat e	E-4201	as 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).					or Unit Agreemer	nt Name	
I. Type Of Well: OIL GAS WELL WELL	OTHER			Continental E	State		
2. Name of Operator Mack Energy Corporation				8. Well No.			-
3. Address of Operator				9. Pool name or	Wildcat	· · · · · · · · · · · · · · · · · · ·	
P.O. Box 960, Artesia, NM 88211-0960				Artesia Queen Grayburg SA			
4. Well Location	1						
Unit Letter <u>L</u> : 1914	Feet From The	South	Line and 4	Feet Fro	m The	West	Line
Section 30	Township 17S	Rang	ge 29E	NMPM	Eddy	C	County
	10. Elevation (Show		F, RKB, RT, GR, etc.)				
Check A	Appropriate Box to In			Report, or Other	er Data		
NOTICE OF INT				BSEQUENT		OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING C	ASING	Г
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLIN	G OPNS.	PLUG AND A		ENT
PULL OR ALTER CASING			CASING TEST AND C				
OTHER:			OTHER				[
12. Describe Proposed or Completed Opwork) SEE RULE 1103. 1. Set 5 1/2 CIBP at 2300', cap w/3. 2. Load hole w/mud Spil. 3. Perforate 5 1/2 at 621' and squee:	5' cement						<i>०</i> २ ३ ०० .
3. Perforate 5 1/2 at 621 and squee:	ze Base of Salt w/50sx ce	ment. WC	OC and Tag top of ce	ement at 570' Spo	ot 1'00' cement	plug at 80	'00 '
Feriorate 3 1/2 at 3/4 and squee:	ze Base of Salt w/75sx ce	ment. WC	OC and Tag top of ce	ment at 400', thi	s plug will als	o cover the	e 8 5/8
hoe							
5. Perforate 5 1/2 at 50' circulate ce	ment to surface between :	5 1/2 & 8 5	5/8 leaving 5 1/2 full	. Set P & A mai	ker.		
I hereby certify that the information above is true	and complete to the best of my know	vledge and beli	ef.				
SIGNATURE	arter	TITLE	Product	ion Clerk	DATE	7/2/97	
TYPE OR PRINT NAME	Criss	a D. Carte	r		TELEPHONE N	^{io.} (505)748	8-1288

ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR

NOV 2 0 1997