

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NO. RECEIVED
OF COPIES REQUIRED
(Other instructions on reverse side)
AUG 22 1991

BLM Roswell District
Modified Form No.
M1060-3160-4
LEASE DESIGNATION AND SERIAL NO.
NM 0107697

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—" for such proposals.)

O. C. D.
ARTESIA OFFICE

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Mack Energy Corporation		3a. Area Code & Phone No. (505) 748-3436	8. FARM OR LEASE NAME Ohio-Jones
3. ADDRESS OF OPERATOR Post Office Box 276, Artesia, NM 88211-0276		9. WELL NO. #6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit B, 660 feet from the North line and 1980 feet from the East line.		10. FIELD AND POOL, OR WILDCAT Lusk Yates	
14. PERMIT NO.		15. ELEVATIONS (Show whether DT, RT, GR, etc.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T19S-R31E
		12. COUNTY OR PARISH Eddy	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

The following actions have been completed and are ready for your inspection:

1. Surface location is cleaned & leveled per BLM requirements;
2. Drill pad and access road has been ripped up;
3. Drill site and access road have been reseeded to BLM specifications for seed mixture #1;
4. Surfaces have been protected from vehicular travel; and
5. South power poles have been removed.

18. I hereby certify that the foregoing is true and correct

SIGNED

Mark C. Chase

TITLE

President

DATE

8/20/91
July 30, 1991

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side