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

2040 South Pacheco

OIL CONSERVATION DIVISION WELL API NO.

CASING TEST AND CEMENT JOB

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DISTRICT II Santa Fe, New Mexico 87505	50 015 10025			
811 South First, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE FEE			
DISTRICT III				
1000 Rio Brazos Rd, Aztec, NM 87410	6. State Oil & Gas Lease No.			
	B-9563			
SUNDRY NOTICES AND REPORTS ON WELLS	化工作的现在分词 计工作程序 经			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"				
(FORM C-101) FOR SUCH PROPOSALS).				
1. Type Of Well:				
OIL GAS OTHER	G J West Coop Unit			
2. Name of Operator V	8. Well No.			
Mack Energy Corporation	# 35			
3. Address of Operator	9. Pool name or Wildcat			
P.O. Box 960, Artesia, NM 88211-0960	Grayburg Jackson 7RVS-QN-GB-SA			
4. Well Location				
Unit Letter E: 1980 Feet From The North Line and 33	0 Feet From The West Line			
Section 21 Township 17S Range 29E	NMPM Eddy County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	County County			
3550 GL				
11. Check 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			

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.

OTHER.

- 1. Set CIBP 100' above perfs at 2120' with 35' cement.
- 2. Set cement plug 861'-625' tag Min. 25 sk.
- 3. Perf 4 1/2" csg at 416' squeeze 100' cement plug in-out 4 1/2" csg and tag.
- 4. 10 sack surface plug.

PULL OR ALTER CASING

OTHER:

5. Install dry hole marker and cut anchors, fill pit and level location.

* Brine gel between all coment Plugs.

* Notifie N.M.O.C.D. to	witness Plugging Operations	•	
	and complete to the best of my knowledge and belief.		
SIGNATURE LUSSA	TITLE	Production Analyst	DATE5/3/2000
TYPE OR PRINT NAME	Crissa D. Carter	· · · · · · · · · · · · · · · · · · ·	TELEPHONE NO. (505)748-1288

(This space for State Use)

TITLE Field Rep. II

_ DATE 5/15/2000

CONDITIONS OF APPROVAL, IF ANY

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