

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 1960, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer 00, Artesia, NM 88210

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

WELL API NO.
30-025-25840

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

Charles S. Alves

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. 4

2. Name of Operator
Mack Energy Corporation

3. Address of Operator
P.O. Box 960, Artesia, NM 88211-0960

9. Pool name or Wildcat
Scharb Bone Springs

4. Well Location
Unit Letter B : 660 Feet From The North Line and 1800 Feet From The East Line
Section 7 Township 19S Range 35E 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
PULL 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.

3/28/02 Set 5-1/2" CIBP @ 10,015, cap w/ 35' of cmt., tag TOC @ 9975'.
3/28/02 Circulate hole w/ mud.
3/28/02 Spot 25 sx cmt. from 7960 to 7708'.
3/28/02 Spot 25 sx cmt. from 4006 to 3754', WOC and tag @ 3742'.
3/29/02 Spot 25 sx cmt. from 1950 to 1698'.
3/29/02 Spot 25 sx cmt. from 460 to 211', WOC & tag @211'. Spot 10 sx cmt. from 60' to surface.
Cut off wellhead and install dry hole marker.



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

SIGNATURE Roger Massey TITLE Agent DATE 03/31/02

TYPE OR PRINT NAME Roger Massey TELEPHONE NO. (915) 530-0907

(This space for State Use)

APPROVED BY Johnny Robinson TITLE COMPLIANCE OFFICER DATE
CONDITIONS OF APPROVAL IF ANY GW