				CONTROLON		cly
	· _		NM OIL CO	NS. COMMISSION		
			Deserer DD	•		
			Artesia.	NM 89210	FORM APPROVED	
	UNITED	STATES			Budget Bureau No. 1004-0135	
orm 3160-5		E TUE INT	TERIOR		Expires: March 31, 1993	
June 1990)	DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT				5. Lease Designation and Serial No.	
	D MANAO			NM-42409		
	SUNDRY NOTICES AN		S ON WELL	.S	6. If Indian, Allottee or Tribe Name	
	SUNDRY NOTICES AN		or reentry to	a different reservoir	•	
Do not use this f	SUNDRY NOTICES AND orm for proposals to drill on Use "APPLICATION FOR PE	RMIT-" fo	or such propo	sals		
l	Use "APPLICATION FOR TE				7. If Unit or CA, Agreement Designa	ation
	SUBMIT IN	TRIPLICA	TE	الينية ومن ملامة ^م		
1. Type of Well				<u>18 11 19</u> 90	8. Well Name and No.	
Cil Gas Well Well	Other				Heather USA #1	
2. Name of Operator				0. C. D.	9. API Well No.	
Mask Enorgy	Corporation /			NAME AND E	30-015-04886	.4
Mack Energy Corporation 3. Address and Telephone No.					10. Field and Pool, or Exploratory A	rea
D O D T 12	59, Artesia, NM 882	11-1359			Square Lake QN GB	
P.U. DOX 13	lage, Sec., T., R., M., or Survey Descrip	ption)			11. County or Parish, State	
4. Location of well (Pool	mBat and 1.1 1.1 1.1 1.					
	O FNL and 1980 FWL				Eddy NM	
Unit C: 99					Eddy, NM	
Sec. 27-T16	S-RSIE		TE NATURE	OF NOTICE, REF	ORT, OR OTHER DATA	
12. CHECK	S-R31E (APPROPRIATE BOX(s)			TYPE OF ACTION	ол – – – – – – – – – – – – – – – – – – –	
TYPE O	F SUBMISSION		<u> </u>		Change of Plans	
	6 Jacob		Abandonment			
L_] Notic	e of Intent		Recompletion		Non-Routine Fracturing	
			Plugging Back		Water Shut-Off	
X Subse	equent Report		Casing Repair		Conversion to Injection	
L			Altering Casin	g	Dispose Water	
Final Abandonment Notice			X Other		number of multiple completi	ion on Well
					(Note: Report results of induspression and Completion or Recompletion Report and tarting any proposed work. If well is direction	Lugionini
give subsuriace				Put on product		
						111 E71
				;	C	<) (11
				(x	4 5	<
					€.> •	(7)
					2010 - 2017 2010 - 2017 2010 - 2017	C)
					<u>.</u>	
					<u>دى</u> ، ، ،	
14. I hereby certify the	at the foregoing is true and correct		Product	tion Clerk	Date 3/15/93	
Signed	na D. Carle,	Title				
This space for He	deral or State office use)					
- 1G	NG. COD.) DAVIDR. C	LAS <mark>3</mark> Tide			Date	
Approved by Conditions of app	oval, if any: 9 1993					

Conditions of approval in any 1 9 1998	_
	transmission of the United States any false, fictitious or fraudulent statements
Ders	or knowingly and willfully to make to any department of agency of the original
Title 18 U.S.C. Acation Law, makes a law LAEMIN	of knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements
or representationer as ablady inverter, where with the state	Private Side
	*See Instruction on Reverse Side