Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

CIST	Form C-103 Revised 1-1-89

District Office		osources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATIO 2040 South Pache		WELL API NO.
DISTRICT II 811 South First, Artesia, NM 88210	Santa Fe, New Mexi	ico 87505	30-015-31344 5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410			STATE STATE 6. State Oil & Gas Lease No.
OUNDBYANG	TIGES AND DEDOCTO ON ME		VB-492
(DO NOT USE THIS FORM FOR PR DIFFERENT RES (FORM	TICES AND REPORTS ON WE OPOSALS TO DRILL OR TO DEEPEN OF ERVOIR. USE "APPLICATION FOR PEC-101) FOR SUCH PROPOSALS).	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type Of Well: OIL GAS WELL WELL	OTHER		White Oak 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		Red Lake QN GB SA
Unit Letter O : 330	Feet From The South	Line and 16	Feet From The East Line
Section 23	Township 17S Ra	inge 28E	NMPM Eddy County
	10. Elevation (Show whether		
II. Check A	Appropriate Box to Indicate N	Nature of Notice, R	eport, or Other Data
NOTICE OF INT	ENTION TO:	SUB	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	_	CASING TEST AND CEMENT JOB	
OTHER:		OTHER	Spud, cmt csg
12. Describe Proposed or Completed O work) SEE RULE 1103.	perations (Clearly state all pertinent detail	ls, and give pertinent dates, inc	cluding estimated date of starting any proposed
verbal ok to set at 276', cement w/250	AM at 311'. RIH w/7 joints 8 5/8" 2 Osx Class C 2% CaCl plug down 7 @ 3405', RIH w/4 1/2" 11.6# J-5.	:45 AM circ 20sx. 5 casing 78 joints @ 33, plug down 7:15 PM c	would not go past 276' Tim Gunn OCD gave 390.89'. Cemented w/700sx 35/65, 6% gel, 6# irc 32sx to pit release rig. OCT 2000 RECEIVED OCD - ARTESIA
I hereby certify that the information above is true:	and complete to the best of my knowledge and h	aliaf	

(This space for State Use)

APPROVED BY-

ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR POL

WWW Q 1 2000.

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______ DATE -