Submit 3 Copies to Appropriate

District Office

DISTRICT I

## OIL CONSERVATION DIVISION

State of New Mexico

Energ\_

inerals and Natural Resources Department

Form C-103

P.O. Box 1980, Hobbs NM 88240 2040 South Pacheco	30-013-31348				
DISTRICT II Santa Fe, New Mexico 811 South First, Artesia, NM 88210	5. Indicate Type of Lease  STATE STATE FEE				
<u>DISTRICT III</u> 1000 Rio Brazos Rd, Aztec, NM 87410	6. State Oil & Gas Lease No.				
1000 RIO BIAZOS RU, AZIEC, INII 67410	VB-492				
SUNDRY NOTICES AND REPORTS ON WEL					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR DIFFERENT RESERVOIR. USE "APPLICATION FOR PERM (FORM C-101) FOR SUCH PROPOSALS).					
I. Type Of Well:  OIL GAS OTHER  WELL OTHER	White Oak State				
2. Name of Operator Mack Energy Corporation	8. Well No. 6				
3. Address of Operator	9. Pool name or Wildcat				
P.O. Box 960, Artesia, NM 88211-0960	Empire Yeso				
4. Well Location					
Unit Letter B: 790 Feet From The North	Line and 1650 Feet From The East Line				
Section 23 Township 17S Range					
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3645 GR					
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	REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB				
OTHER:	OTHERCompletion				
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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.

01/15/2001 Drill out DV Tool @ 3186'.

01/16/2001 Perforate 3667.5-3947' 73 holes.

01/17/2001 Acidize w/2500 gals 15% NEFE acid.

01/18/2001 Reacidized w/32,000 gals 20% HCL & 54,000 gals 40# gel followed by 5000 gals 15% HCL and flush w/90 bbls FW.

01/19/2001 RIH w/123 joints 2 3/8" J-55 tubing SN @ 3966'. RIH w/2x1 1/2x8' RWTC w/Monel BBL.



			RECEIVED OCD - ARTEST	A 28 20 27
I hereby certify that the information above is true a	and complete to the best of my knowledge and belief.  TITLE	Production Analyst	DATE —	4/19/01
TYPE OR PRINT NAME	Crissa D. Carter	TELEPHONE NO. 748-1288		
91617	INAL SIGNED BY TIM W. GUM RIST N SUPERVISOR		DATE —	<b>APR</b> 2 7 2001
APPROVED BY  CONDITIONS OF APPROVAL, IF ANY:	IIILE -			