C15F

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

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-03160

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
B-7596

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
Robinson State

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Mack Energy Corporation

8. Well No.
4

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

9. Pool name or Wildcat
Grbg Jackson SR Q Grbg SA

4. Well Location
Unit Letter D : 330 Feet From The North Line and 990 Feet From The West Line

Section 27 Township 17S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3540 GR

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	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[X]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			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.

5-30-02 Move in, rig up unit. Set 5-1/2" CIBP @ 2522' & cap w/ 35' cmt.
Mud up hole, test csg. @ 500 PSI (okay).
5-31-02 Perf 4 holes @ 700', sqz 40 sx cmt. WOC.
6-03-02 Tag cmt. plug @ 590', perf @ 329', sqz 50 sx, WOC for 4 hrs.
RIH to tag cmt. plug. Tag @ 155', perf @ 60', sqz 20 sx to surface.
Install dry hole marker & clean location.

Post Plug

RECEIVED
JUN 2002
OCD - ARTESIA

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 06/04/02

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

(This space for State Use)

APPROVED BY TITLE DATE JUL 10 2002

CONDITIONS OF APPROVAL, IF ANY: