Est. Geol. Tops pon 189/
Rustler 250 Quen 2100
Salado 560 Grayburg 2500
B salt 1025 San Andres 2800
Yates 1200
Trivers 1510
Bovers 1825

| Submit 3 Copies<br>to Appropriate<br>District Office                             | State of Energy, Minerals and Na   | c 19                        | F<br>H)               | Form C-103<br>Revised 1-1- |                        |                   |             |
|--|--|-----------------------------|-----------------------|----------------------------|------------------------|-------------------|-------------|
| DISTRICT I   |  | outh Pacheco                |                       | WELL API NO<br>30-015-04   |                        |                   |             |
| DISTRICT II<br>811 South First, Artesia, NM 88210                                | Santa Fe, Nev  | w Mexico                    | 87505                 | 5. Indicate Ty             | pe of Lease            |                   |             |
| DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 8                                     | A Car  |                             |                       |                            | STATI<br>Gas Lease No. | F 🔼 5             | FEE L       |
| SUNDEY NO  | TICES AND REPORTS  | ON WELLS                    | <br>S                 | B-2130                     | <u>;</u>               |                   | - Talestina |
| (DO NOT USE THIS FOR O   | OPOSTEREO DRILL OF TO D<br>SERVADA USE "APPLICATION<br>1 C-101) FORMUCH PROPOSAL | DEEPEN OR PL<br>N FOR PERMI | UG BACK TO A          | 7. Lease Nam               | e or Unit Agreem       | ent Name          |             |
| 1. Type Of Well:   | , ES   |                             | ARTED                 | 272                        |                        |                   |             |
| WELL GAS WELL  2. Name of Operator   | 153426   | 1101.00                     | "ESIA                 | Randel State               | <del>-</del>           |                   |             |
| Mack Energy Corporation /  |  | 18                          | 95+0-1                | Well No.                   |                        |                   |             |
| 3. Address of Operator P.O. Box 960, Artesia, NM 88211-                          | 0060   |                             | 45861                 | 9. Pool name               |                        |                   |             |
| 4. Well Location   | -0900  | ····                        |                       | Grbg Jackso                | n SR Q Grbg            | SA                |             |
| Unit Letter D :990   | Feet From The  | North                       | _ Line and            | 990 Feet F                 | rom The                | West              | Line        |
| Section 16   | Township 17S   | Range                       | 30 <b>E</b>           | NMPM                       | Eddy                   |                   | County      |
|  | 10. Elevation (Show  | whether DF, R               | KB, RT, GR, etc.)     |                            |                        |                   | Jounny      |
| 11. Check A  | Appropriate Box to Ind   | icate Natu                  | re of Notice,         | Report, or Otl             | ner Data               |                   | <u> </u>    |
| NOTICE OF INT  | ENTION TO:   |                             |                       | IBSEQUENT                  |                        | OF:               |             |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON   | REI                         | MEDIAL WORK           |                            | ALTERING               | CASING            | F           |
| TEMPORARILY ABANDON  | CHANGE PLANS   | СОІ                         | MMENCE DRILLI         | NG OPNS.                   | PLUG AND               | AB <b>AN</b> DONM | IENT        |
| PULL OR ALTER CASING   |  | CAS                         | SING TEST AND         | CEMENT JOB                 | ]                      |                   |             |
| OTHER:   |  | . 🔲 отн                     | HER                   |                            | ·                      |                   |             |
| 12. Describe Proposed or Completed C   | Operations (Clearly state all perting)   | nent details, and           | give pertinent dates, | including estimated d      | ate of starting any    | proposed          |             |
| Mack Energy Corporation proposes to  | o plug and abandon well as   | s follows:                  |                       |                            |                        |                   |             |
| 1. Notify OCD 24 hours prior to start<br>2. RIH tag CIBP @ 1988' set 35' cem     | ing plugging operations.   | ,                           | Perf esqu             | 2 1/25'. 1<br>ulside of c  | Place 100              | of cm             | +.<br>—TA   |
| <ol> <li>Set 25 or plug \$\mathbb{P}\$ above and below</li> </ol>                | bottom of salt from 1  | 22.                         |                       | -                          |                        |                   |             |
| <ul><li>4. Set  plug 50' above and below</li><li>5. Set  surface plug.</li></ul> | '.8 5/8 casing from 550-450  | 0'.E                        | Part Csq              | @ 550'- F<br>urside of     | 1/ace 100              | of emi            | ر جست با    |
| 6. Install dry hole marker.  |  | •                           | msiae + oc            | uside of                   | 159. 450.              | 200. –            | 149         |
| Salt gel mud consisting  | of 10#   | _                           | Part Both             | 8%": 7"                    | esg. @                 | 60'-              |             |
| Brine W/25# of gel pe  | er bbl   |                             | Olars 10              | " of cont.                 | ine ide &              | outs:             | le 1        |
| must be placed between o   |  |                             | <del>-</del>          | U                          |                        | <u> </u>          | - 0         |
| A. A. A.   | A  |                             | 10111 3701            | ings of C                  |                        |                   |             |
| I hereby certify that the information above is true a                            | #d/complete to the best of my knowle   | dge and belief.             | Producti              | on Analyst                 |                        | 10/21/02          | 2           |
| SIGNATURE  |  | TITLE                       | Troducti              | on Allalyst                | DATE                   | 10/21/02          | <u></u>     |

Crissa D. Carter

TELEPHONE NO.

Sild Rep D OCT 2 8 2002

TYPE OR PRINT NAME

APPROVED BY

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