

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
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(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

2157

RECEIVED

JAN 10 1993

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" for such proposals.)

1. <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OIL WELL <input type="checkbox"/> OTHER	31. Area Code & Phone No. 214 (505) 748-1288
2. NAME OF OPERATOR Mack Energy Corporation	32. Area Code & Phone No. 214 (505) 748-1288
3. ADDRESS OF OPERATOR P.O. Box 1359, Artesia, NM 88211-1359	
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. See also space 17 below.) At surface	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3683 GR

5. LEASE DESIGNATION AND SERIAL NO. NM-074936	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME ETZ State Unit	
8. FARM OR LEASE NAME ETZ State Unit	
9. WELL NO. 120	
10. FIELD AND POOL, OR WILDCAT	
11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 17-T17S-R30E	
12. COUNTY OR PARISH Eddy	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <u>Recompletion</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recombination Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

- 11-14-92 Rigged up. Pulled rods and tbg. Ran in hole w/bit and csg scrapper and tag at 2051'. Clean out to 2081'.
- 11-16-92 Ran in hole with 3 3/4" bit and clean out to 2833'. Pulled out hole w/bit and ran csg scrapper and stop at 2082'. Pulled out hole. Ran in hole w/pkr and squeezed perfs 2068-76' with 50sx Class C cmt.
- 11-17-92 Ran in hole w/bit and found hole in csg at 1243'. Ran in hole with SV retainer and squeezed hole w/50sx Class C cmt. Found another hole at 496' and circ cmt to surface thru hole in csg at 496'. Used 200sx cmt to circ to surface.
- 11-18-92 Drilled out cmt.
- 11-19-92 Drilled and clean out to 2831'.
- 11-20-92 Perfed csg from 2527,39,52,64,2618,49,56,60,84,2747,58,64. Ran in hole with pkr and acidized perfs 2527-2764 with 1500 gals 10% NE acid and Swab well dry.
- 11-21-92 Fluid level 2200' w/good show oil and gas.
- 11-22-92 Frac perfs 2527-2764 with 20000 gals gelled wtr and 209sx 20/40, 150sx 12/20 sand.
- 11-23-92 Pulled pkr and tbg. Ran in hole with 2 3/8" tbg. Landed tbg at 2782'. Ran rods and put well on pump. Pumping 4 BOPD.

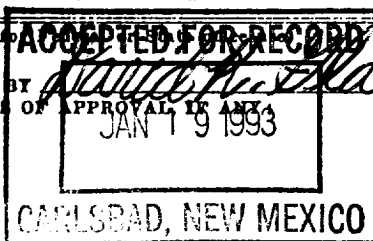
18. I hereby certify that the foregoing is true and correct

SIGNED C. D. Carter TITLE Production Clerk DATE 1/5/93

(This space for APPROVED FOR RECORD)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY



See Instructions on Reverse Side