PULL OR ALTER CASING

OTHER:

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	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088 ACC20 JAN 2 9 1993		WELL API NO. 30-015-27256		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III			5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. B-514		
1000 Rio Brazos Rd., Aztec, NM 87410					
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PÜIGBACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMITTING." (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name		
1. Type of Well: OR. GAS WELL X WELL WELL	OTHER		G-J West Coop Unit		
 Name of Operator Mack Energy Corporatio 	n		8. Well No. #103		
 Address of Operator P.O. Box 1359, Artesia 	, NM 88211-1359		9. Pool name or Wildcat Grayburg Jackson SR QN GB SA		
	Feet From The North	0.07	O Feet From The West Line		
Section 28 Township 17S Range 29E NMPM Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3591.5 GR					
11. Check A NOTICE OF INT	Appropriate Box to Indicate I ENTION TO:		eport, or Other Data SEQUENT REPORT OF:		
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			

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.

> Drilled 12 1/4" hole to 832', ran 19 jts. 8 5/8" csg to 828', lost circulation at 220', air pockets. Cemented 8 5/8" with $150 \, \text{sx}$ thickset $10 \, \text{\#}$ Gilsonite, $1/2 \, \text{\#}$ Flocele, $3 \, \text{\%}$ CC and $550 \, \text{sx}$ Class C cement 1/4# Flocele, 2% CC. Did not circulate. Ran Temp & Survey (Keltec) to 400'. Top of cement 210'. Redi mix with 4 yards. Plug down at 1:30 a.m. 1/26/93.

OTHER:.

CASING TEST AND CEMENT JOB

Intermediate csg

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I hereby certify that the info	rmation above is true and complete to the best of my knowle		
SIONATURE	in Diale	mm_ Production Clerk	DATE1/28/93
TYPE OR PRINT NAME			TELEPHONE NO
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		JAN 2 9 1993
APPROVED BY	SUPERVISOR, DISTRICT IT	TITLE	DATE
CONDITIONS OF APPROVAL	IF ANY:		