Submit 3 Copies to Appropriate

State of New Mexico Energy, winerals and Natural Resources Department

Form (C-103
Revise	1 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	
DISTRICT II P.O. Drawer DD, Artesia, NM 882	10

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. 30-015-27258 5. Indicate Type of Lease FEE [

6. State Oil & Gas Lease No. B-514

SUNDRY NOTICES AND REPORTS ON WELL	.\$0				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFECTAL DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	OR PEUG BACK TO A 7 Lease Name or Unit Agreement Name				
1. Type of Well: OIL GAS WELL [X] WELL OTHER	G-J West Coop Unit				
2. Name of Operator	8. Well No.				
Mack Energy Corporation	#105				
3. Address of Operator	9. Pool name or Wildcat				
P.O. Box 1359, Artesia, NM 88211-1359	Grayburg Jackson SR QN GB SA				
4. Well Location	_ ·				
Unit Letter A: 990 Feet From The North	Line and990 Feet From The East Line				
Section 28 Township 17S Ran	ge 29E NMPM Eddy County				
3576.9 GR					
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT					
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:	OTHER: Intermediate csg X				
·					

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.

> 2/6/93 Drilled 12 1/4" hole to 797', lost circ @ 172'. 2/7/93 Ran 19 jts 8 5/8" 24# J-55 csg to 797', cemented w/150sx thickset 10# Gilsonite, 1/2# Flocele, 2% CC and 350sx Class "C", 2% CC, 1/2# Flocele and 200sx Class "C" w/2% CC. Did not circ. Redi mix with 4 3/4 yards. Plug down @ 4:00 a.m. 2/7/93.

/i	ion above is true and complete to the best of my knowledge s	and belief.	Production Clerk	DATE 2/8/93
TYPE OR PRINT NAME				TELEPHONE NO.
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IF			FEB 1 5 1993
APPROVED BY CONDITIONS OF APPROVAL, IF A		TITLE		