

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISF DP

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

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

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

WELL API NO. 30-015-27260
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No. B-10714

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.)

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

2. Name of Operator Mack Energy Corporation MAR 16 1993

3. Address of Operator P.O. Box 1359, Artesia, NM 88211-1359 O.C.D. ARTESIA

4. Well Location Unit Letter A : 660 Feet From The North Line and 330 Feet From The East Line Section 28 Township 17S Range 29E NMPM Eddy County

7. Lease Name or Unit Agreement Name G-J West Coop Unit

8. Well No. #109

9. Pool name or Wildcat Grayburg Jackson SR QN GB SA

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3533.8 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data. NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [], PLUG AND ABANDON [], TEMPORARILY ABANDON [], CHANGE PLANS [], PULL OR ALTER CASING [], OTHER []. SUBSEQUENT REPORT OF: REMEDIAL WORK [], ALTERING CASING [], COMMENCE DRILLING OPNS. [], PLUG AND ABANDONMENT [], CASING TEST AND CEMENT JOB [], OTHER: Spud and cement 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.

Spudded @ 7:30 a.m. 3/7/93. Drilled 17 1/2" hole to 247', ran 11 jts. 13 3/8" 54# J-55 ST&C R-1 csg to 228', cemented with 400sx Class C with 2% CC. Plug down @ 6:00 p.m. 3/7/93. WOC 12 hrs., tstd csg to 600# f/20 minutes--held okay.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Crissa D. Carter TITLE Production Clerk DATE 3/15/93 TYPE OR PRINT NAME Crissa D. Carter TELEPHONE NO. 748-1288

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II DATE MAR 19 1993 APPROVED BY _____ DATE _____ CONDITIONS OF APPROVAL, IF ANY: