Submit 3 Copies to Appropriate District Office

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED
JUL 30 1993
O. C. D.

Form C-103
Revised 1-1-89

cl 5F DP

WELL API NO.
30-015-27360

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
B-9563

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.)

7. Lease Name or Unit Agreement Name
GJ West Coop Unit

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

8. Well No.
115

2. Name of Operator
Mack Energy Corporation

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

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

4. Well Location
Unit Letter D : 990 Feet From The North Line and 990 Feet From The West Line

Section 21 Township 17S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3607.8 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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: 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 @ 11:00 am 5/26/93. Drilled 17 1/2" hole to 175', ran in hole w/4 jts 13 3/8" J-55 ST&C 54.5# R-3 csg. Landed csg @ 148', cement with 200sx Class C w/2% CC. Circ 72sx. Plug down @ 4:00 pm. 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 7/20/93

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II

APPROVED BY TITLE DATE AUG 6 1993

CONDITIONS OF APPROVAL, IF ANY: