

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

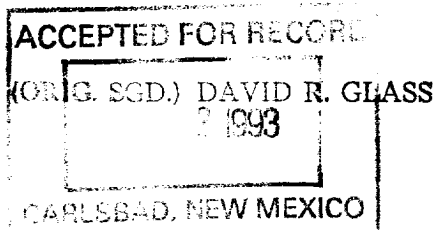
SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-86025
2. Name of Operator Mack Energy Corporation	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 1359, Artesia, NM 88211-1359 (505) 748-1288	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330 FSL 330 FWL Sec 17-T17S-R30E	8. Well Name and No. McIntyre DK Federal #7
	9. API Well No. 30-015-27476
	10. Field and Pool, or Exploratory Area GB Jackson SR QN GB SA
	11. County or Parish, State Eddy, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Completion</u>	<input type="checkbox"/> Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

- 10-6-93 Drilled out DV Tool, cleaned out to 5080', perfed csg from 2995'-3951' w/65 shots.
- 10-7-93 Acidized perfs 3771'-3951' w/1,500 gals 15% NE acid.
- 10-8-93 Acidized perfs 3771'-3951' w/32,000 gals 20% acid and 54,000 gals gel.
- 10-9-93 Acidized perfs 2995'-3610' w/4,000 gals 10% NE acid.
- 10-10-93 Frac perfs 2995'-3610' w/120,000 gals gel water and 800sx 20/40, 500sx 12/20 and 500sx 8/16 sand.
- 10-11-93 Put well on pump.



RECEIVED
NOV 8 9 00 AM '93

14. I hereby certify that the foregoing is true and correct
Signed Crista D. Carter Title Production Clerk Date 10-27-93

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side