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

Form C-103
Revised 1-1-89

WELL API NO. 30-015-28210

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

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

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

2. Name of Operator: Mack Energy Corporation

8. Well No. 121

3. Address of Operator: P.O. Box 960, Artesia, NM 88211-0960

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

4. Well Location

Unit Letter F : 1712 Feet From The North Line and 1822 Feet From The West Line

Section 28 Township 17S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3582.5 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: TD, cmt 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.

12-23-94 TD @ 5570' RAN IN HOLE w/142 jts. 5 1/2 17# J-55 csg. Landed csg @ 5568', DV Tool @ 3857'. Cmt 1st stage w/350sx 50/50 Poz & 2.5# salt, 4/10 of 1% Halad 322. Circ 33sx cmt. Cmt 2nd stage w/360sx Hal Lite w/6# salt, 1/4# flocele and 285sx 50/50 poz w/2.5# salt & 4/10 of 1% Halad 322. Circ 20sx cmt. WOC 18 hrs., tstd csg to 1800# f/30 minutes--held okay.

RECEIVED
MAR - 1 1995
OIL CON. DIV.
DIST. 2

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 2-28-95

TYPE OR PRINT NAME Crissa D. Carter TELEPHONE NO. 748-1288

(This space for State Use) ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 2 1995

CONDITIONS OF APPROVAL, IF ANY: