

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, New Mexico 87505

DISTRICT II
811 South First, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.
30-015-29495

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B-2613

7. Lease Name or Unit Agreement Name

Willow State

8. Well No.
5

9. Pool name or Wildcat
Henshaw: S.E. Wolfcamp

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 GAS WELL OTHER

2. Name of Operator
Mack Energy Corporation

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

4. Well Location
Unit Letter I : 2310 Feet From The South Line and 330 Feet From The East Line
Section 16 Township 17S Range 31E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3831' 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 8 5/8" Surface Casing

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.

5/03/97 Spud 11" Hole @ 8:00 p.m., TD 11" hole @ 4:20PM @ 1630'. RU & RIH w/38 jts 8 5/8" 24# J-55 1625'. RU BJ & cement w/600sx 35/65-6, 6# salt, 1/4# CF, & 200 sx Class C 2% CC. Circ. 160 sx WOC 18 hrs, tstd csg to 600# for 30 minutes - held okay.

RECEIVED
MAY 10 1997

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Robert C. Chase TITLE Vice President DATE 5/4/97

TYPE OR PRINT NAME Robert C. Chase TELEPHONE NO. (505)748-1288

(This space for State Use)

**ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR**

APPROVED BY _____ TITLE _____ DATE MAY 14 1997

CONDITIONS OF APPROVAL, IF ANY: