

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

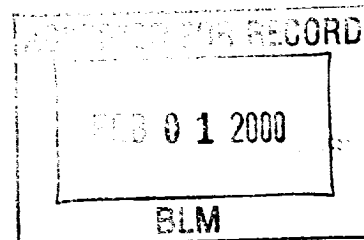
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-14840
2. Name of Operator Mack Energy Corporation	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 960, Artesia, NM 88211-0960 (505)748-1288	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T. R., M. or Survey Description) Sec-29, T17S-R29E 2310 FSL & 2310 FEL	8. Well Name and No. White Star Federal #3
	9. API Well No. 30-015-30305
	10. Field and Pool, or Exploratory Area East Empire Yeso
	11. County or Parish, State Eddy, NM

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 TD, Cement casing	<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)*

1/15/2000 TD 7 7/8" hole @ 4465', RIH w/100 joints 5 1/2" 17# J-55. Cemented 1st stage w/180sx 50-50-2, .5% FL-25, 5# salt, Cemented 2nd stage w/500sx 35-65-6, 1/4# CF, 3# salt, & 250sx 50-50-2, .5% FL-25, 5# salt. Circ 58sx. Plug Down @ 7:30AM.



14 I hereby certify that the foregoing is true and correct.
Signed *Lucia D. Card* Title Production Analyst Date 1/28/00
(This space for Federal or State office use)

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