

Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division au No. 1004-0135 Expires: March 31,1993 811 S. 1st Street as Designation and Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS Artesia, NM 88 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 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE I Type of Well Oil Well 8. Well Name and No. 2. Name of Operator Sinclair Parke #2 Mack Energy Corporation 9. API Well No. 3. Address and Telephone No. 30-015-30329 (505)748-1288 P.O. Box 960, Artesia, NM 88211-0960 10. Field and Pool, or Exploratory Area 4. Location of Well (Footage, Sec., T. R., M. or Survey Description) Loco Hills Paddock 11. County or Parish, State Sec. 22-T17S-R30E 2310 FNL & 1650 FWL Eddy, NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 12 TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Abandonmeni Change of Plans Recompletion **New Construction** Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off Final Abandonment Notice Altering Casing Conversion to Injection Completion 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)* 7/14/2000 Drill out DV tool. Perfed casing as follows:4548,51.5, 4604,09,13.5,18.5,23,39,42,47,58.5,60,61.5,69,78,81.5,83,87,99, 7/17/2000 Acid Perfs w/2000 gals 15%. 7/18/2000 Reacidized perfs 4548-5048' w/32,000 gals 20% acid, 54,000 gals 40# gel, 5000 gals 15% acid. 7/19/2000 RIH w/2 7/8" J-55 tubing 161 joints SN @ 5075', RIH with 2 1/2 x 2 x 20' HVR BNC PAP pump, MIRU Lufkin 640 pumping unit. BUREAU OF LAND MANAGEME 14. I hereby certify that he foregoing is true and cor Production Analyst 8/17/00 Title Date (This space for Federal or State office use) Approved by onditions of approval, if any