## State of New Mexico

Form C-103	C
Revised 1-1-8	9

to Appropriate District Office	E gy, Minerals and Na	atural Resources Departmen.	Form C-103 Cl 9 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88240		ATION DIVISION outh Pacheco	WELL API NO.
DISTRICT II 811 South First, Artesia, NM 88210	Santa Fe, New	v Mexico 87505	30-015-30675 5. Indicate Type of Lease
DISTRICT III		011121314157	STATE STATE
1000 Rio Brazos Rd, Aztec, NM 87410	્રિલ	A 1011121314151613	6. State Oil & Gas Lease No. B-1266
(DO NOT USE THIS FORM FOR PR DIFFERENT RES - (FORM  1. Type Of Well: OIL GAS	TICES AND REPORTS LOPOSALS TO DRILL OR TO D SERVOIR. USE "APPLICATION 1 C-101) FOR SUCH PROPOSAL	ON WELGTS - 7 S \ DEEPERPOR PLUG BACK TOOA \ N FOR PERFORMED \	7. Lease Name or Unit Agreement Name
2. Name of Operator	OTHER	05/20150	Rincon State  8. Well No.
Mack Energy Corporation		GEOT	#3
3. Address of Operator P.O. Box 960 Artesia, NM 88211-6	)960	-	9. Pool name or Wildcat East Empire Yeso
4. Well Location	****		Last Empire 1650
Unit Letter J : 165	O Feet From The S	South Line and 1	650 Feet From The East Li
Section 20	Township 17S	Range 29E	NMPM Eddy, NM County
	10. Elevation (Show	whether DF, RKB, RT, GR, etc.) 3605	
11. Check A	Appropriate Box to Ind	icate Nature of Notice, I	Report, or Other Data
NOTICE OF INT	ENTION TO:	SU	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	CEMENT JOB
OTHER:		OTHER	Cement Long String
work) SEE RULE 1103. 9/20/1999 TD 7 7/8 @ 4335'.			ncluding estimated date of starting any proposed
9/21/1999 RIH w/107 jts new 5 1/2"	15.5# J-55 LT&C csg. La	nded @ 4317'. PBTD @ 430	16' Mk Jt @ 4010' & DV Tool @ 3763'. RU BJ
			Circ 6 hrs between stages. Cmt 2nd stage
w/485sx 35-65-6 1/4# CF 3# salt & 2	50 sx 50-50-2 .5% FL-25 5	5# salt. Circ. 86 sx. Plug dow	n @ 11:00AM .
I hereby certify that the information above is true	and complete to the best of my knowle	edge and belief.	
SIGNATURE LUSSA ]	>. Conti	TITLE Producti	on Analyst DATE 10/14/99
TYPE OR PRINT NAME	Crissa	D. Carter	TELEPHONE NO. (505)748-1289

TITLE -

ORIGINAL SIGNED BY TIM W. GUM

DISTRICT II SUPERVISOR

\_ DATE 10.15-99

APPROVED BY-