

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Con. Division
311 S. 1st Street
Artesia, NM 88210-2834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

CLSF

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. LC-060528
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 23-T17S-R30E, 1650 FNL 990 FWL		8. Well Name and No. Melrose Federal #3
		9. API Well No. 30-015-30970
		10. Field and Pool, or Exploratory Area Loco Hills Paddock
		11. County or Parish, State Eddy, NM

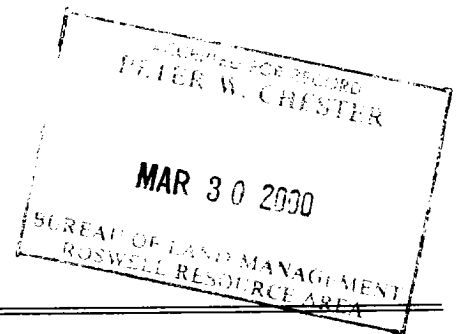
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Completion
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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)*

3/07/2000 Drill out DV tool.
3/08/2000 Perfed casing 4591'-4838' 47 holes.
3/09/2000 Acidize w/2500 gals 15% NEFE acid.
3/10/2000 Reacidized perms w/32,000 gals 20% HCL & 54,000 gals 40# gel, Pump 5000 gals 15% HCL.
3/11/2000 RIH w/new 2 7/8" J-55 tbg. 164 joints. RIH w/2 1/2x2x16' RHBC HVR PAP pump.
3/13/2000 Set 320 w/100" stroke pump jack.



14. I hereby certify that the foregoing is true and correct
Signed Cissa D. Carl Title Production Analyst Date 3/20/00

(This space for Federal or State office use)

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