Submit 3 Copies to Appropriate
District Office

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State of New Mexico Iinerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

OIL CONSERVATION DIVISION

U)	1
WELL API NO.	
30-015-31108	

P.O. Box 1980, Hobbs NM 88240	2040 South Pacheco		WELL API NO. \ 30-015-31108		
DISTRICT II 811 South First, Artesia, NM 88210	Santa Fe, New Mexico	5 Indicate Type of Lease	STATE 🛛	FEE	
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410		-	6. State Oil & Gas Lease E-4201		122
SUNDRY NO	TICES AND REPORTS ON WELLS	\$			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS).			7. Lease Name or Unit Agreement Name		
1. Type Of Well: OIL GAS WELL WELL	OTHER SOURCE OCD - ART	ED ESIA	State S-19		
2. Name of Operator Mack Energy Corporation			8. Well No.		
3. Address of Operator P.O. Box 960, Artesia, NM 88211	-0960 Cages	3/4	9. Pool name or Wildcat Ernpire Yeso		
4. Well Location					
Unit Letter O: 82	8 Feet From The South	Line and231	Peet From The	East	Lin
Section 19	Township 17S Range	29E N	MPM Edd	ју	County
The state of the s	10. Elevation (Show whether DF, R 3664 F	*		100	
11. Check	Appropriate Box to Indicate Natu	re of Notice, Re	port, or Other Data	a	
NOTICE OF IN	TENTION TO:	SUBS	SEQUENT REPO	RT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON RE	MEDIAL WORK	ALTE	RING CASING	[
TEMPORARILY ABANDON	CHANGE PLANS CO	MMENCE DRILLING	OPNS. PLUG	S AND ABANDO	NMENT [
PULL OR ALTER CASING	C	SING TEST AND CEN	MENT JOB		
OTHER:		THER	Spud, cmt csg		[
12. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertinent details, and	give pertinent dates, incl	uding estimated date of start	ing any proposed	
CC circ 65sx. Plug down 8AM 8/4/8/04/2000 Drill 12 1/4 hole @ 9:00 8/05/2000 TD 12 1/4" hole at 1:00 Class C 2% CaCl, plug down 3:15 I 8/14/2000 T.D. 7 7/8" hole @ 10:0 8/15/2000 RIH w/96 joints 5 1/2" 1) p.m. PM, RIH 8 5/8" J-55 18 joints 24# ST& PM circ 85sx to pit.	:C set at 826', C/w 2 stage w/180sx 50-50	25sx 35/65/6 3# salt 0-2 .5% FL-25 5# salt	1/4# CF tail in . Cemented 2n	w/200sx
I hereby certify that the information above is tr	ue and complete to the best of my knowledge and belief.			0/10	P/00

Production Analyst 8/18/00 DATE -SIGNATURE -TELEPHONE NO. 748-1288 Crissa D. Carter TYPE OR PRINT NAME

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUFERVISOR /6A

AUG 2 8 2000

DATE -

APPROVED BY-