Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

CIST	Form C-103 Revised 1-1-89
J 1902	/ Kevised 1-1-85

<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATIO 2040 South Paci		WELL API NO. 30-015-31368		
DISTRICT II 811 South First, Artesia, NM 88210	Santa Fe, New Mexico 87505		5. Indicate Type of Le	ease STATE	FEE
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410			6. State Oil & Gas Lea		TEE C
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR 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		Pawnee State		
2. Name of Operator Mack Energy Corporation			8. Well No.		
3. Address of Operator P.O. Box 960 Artesia, N. M. 88211-	0960		9. Pool name or Wild Loco Hills Paddoo		
.,	Feet From The North	Line and22	90 Feet From Th	he East	Line
Section 16	Township 17S F		NMPM	Eddy	County
	3	692 RKB			
NOTICE OF INTE	ppropriate Box to Indicate ENTION TO:		eport, or Other D SEQUENT REI		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL	LTERING CASIN	G [
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. PI	LUG AND ABAN	DONMENT _
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB		
OTHER:		OTHER	Completio	n	
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state all pertinent deta	ails, and give pertinent dates, in	cluding estimated date of s	starting any propos	ed
02/12/2001 Drill out DV Tool @ 418 02/13/2001 RU & perforate 4349.5-4 02/14/2001 Acidize w/2500 gals 15% 02/15/2001 Reacidized w/32,000 gals 02/16/2001 RIH w/152 joints 2 7/8" J	732.5 110 holes. 6 NEFE acid. s 20% HCL 54,000 gals 40# gel	. Pump 5000 gals 15% F v/2 1/2x2x20' RHBC HV	ICL & flush w/90 b 'R PAP BNC pump.	bls FW.	
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			01	RECEIVED CD ARTESIA	
I hereby certify that the information above is true a	and complete to the best of my knowledge ar		on Analyst	DATE	3/26/01
TYPE OR PRINT NAME				TELEPHONE NO.	
(This space for State Use)	ORIGINAL SIGNED BY T DISTRICT II SUPERVISO	IM W. GUM R		APR 0	4 2001
ADDROVED BY		TITLE		DATE	

APPROVED BY-