

Submit 3 Copies
to Appropriate
District Office

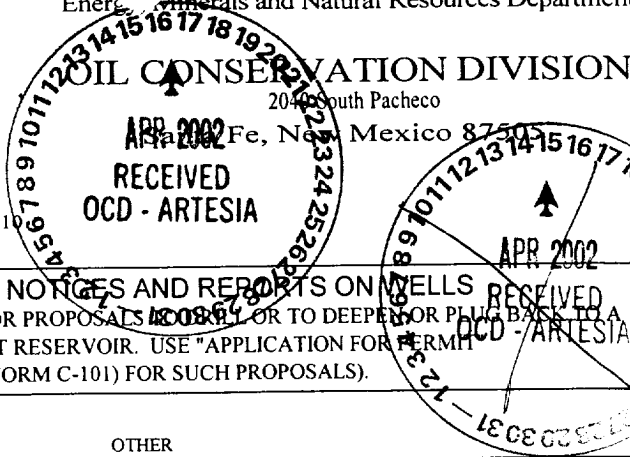
DISTRICT I
P.O. Box 1980, Hobbs NM 88240

DISTRICT II
811 South First, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89



WELL API NO.
30-015-32062

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-4201

7. Lease Name or Unit Agreement Name
State S-19

8. Well No.
21

9. Pool name or Wildcat
Empire Yeso

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3649' GR

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO CORRECT OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT
(FORM C-101) FOR SUCH PROPOSALS).

1. Type Of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Mack Energy Corporation

3. Address of Operator
P.O. Box 960, Artesia, NM 88211-0960

4. Well Location
Unit Letter P : 330 Feet From The South Line and 865 Feet From The East Line
Section 19 Township 17S Range 29E NMPM Eddy County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER Completion <input checked="" type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work; SEE RULE 1103.

03/21/2002 Drill out DV Tool. Perforated 3841'-4178' 89 holes.
03/22/2002 Acidized w/2500 gals 15% NEFE.
03/23/2002 Reacidized w/32,000 gals 20% HCL, 54,000 gals 40# gel, 5000 gals 15% HCL, flush w/90 bbls FW.
03/25/2002 RIH w/133 joints 2 7/8" J-55 tubing SN @ 4200'. RIH w/2 1/2x2x16' RHBC HVR PAP BNC pump.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Crissa D. Carter TITLE Production Analyst DATE 4/15/02
TYPE OR PRINT NAME Crissa D. Carter TELEPHONE NO. 748-1288

(This space for State Use)
**ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR**

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APR 17 2002

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