## Submit 3 Copies to Appropriate District Office

	State of New Mexico
Ener	Minerals and Natural Resources Department

0150/2	Form C-103 Revised 1-1-8
- 1	

DISTRICT

OIL CONSERVATION I	DIVISION
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0/1	Revi	sed 1-1-89	
WELL API NO.	-		
30-015-32063			
5. Indicate Type of Lease	STATE E	J FEE	
6. State Oil & Gas Lease	No.		
B-1266			_
7. Lease Name or Unit A	greement l	Name	

P.O. Box 1980, Hobbs NM 88240	2040 South Pacheco		WELL API NO.		
DISTRICT II 811 South First, Artesia, NM 88210	Santa Fe, Ne	w Mexico 87505	30-015-32063  5. Indicate Type of Lease  STATE FEE  FEE		
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410			6. State Oil & Gas Lease No.  B-1266		
SUNDRY N	OTICES AND REPORTS	S ON WELLS			
(DO NOT USE THIS FORM FOR I		DEEPEN OR PLUG BACK TO A ON FOR PERMIT	7. Lease Name or Unit Agreement Name		
1. Type Of Well: OIL GAS	OTHER	1 1 2 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1	Rincon State		
2. Name of Operator Mack Energy Corporation		19 OCORECEIUS	න් 8. Well No. හු 6		
3. Address of Operator		ARTEO	9. Pool name or Wildcat		
P.O. Box 960, Artesia, NM 8821	1-0960	YES/A	// East Empire Yeso		
4. Well Location  Unit Letter P: 9	90 Feet From The	South 1016 & income	405 Feet From The East Line		
Section 20	Township 17S	Range 29E	NMPM Eddy County		
	10. Elevation (Sho	ow whether DF, RKB, RT, GR, etc.) 3597 GR			
II. Check	Appropriate Box to Ir	ndicate Nature of Notice,	Report, or Other Data		
	NTENTION TO:	_	JBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDO	ON REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING		CASING TEST AND			
OTHER:		OTHER	Completion		
12. Describe Proposed or Complete work SEE RULE 1103.	d Operations (Clearly state all per	ertinent details, and give pertinent date:	s, including estimated date of starting any proposed		
01/29/2002 Drill out DV tool & s 01/30/2002 Finish perforating 39: 01/31/2002 Acidized w/2500 gals 02/01/2002 Reacidized w/32,000 02/02/2002 RIH w/138 joints 2 7/	37.5'-4289' 100 holes. 3 15% NEFE acid. gals 20% HCL & 54,000 ga	als 40# gel. Pump 5000 gals 1 IH w/2 1/2x2x16' RHBC HVI	5% HCL and flush w/90 bbls fresh water. R PAP BNC pump.		
I hereby certify that the information above is	true and complete to the best of my kr	nowledge and belief.			
7	< / / * //		2/22/02		

I hereby certify that the information above is true and complete to the	best of my knowledge and belief.	Production Analyst	DATE
TYPE OR PRINT NAME	Crissa D. Carter		TELEPHONE NO. 748-1288
(This space for State Use)			
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE