Form 3160-5 (June 1990)		TED STATES VT OF THE INTERIC	Oil Coi DR N.M. DIV-	NS. FO	CISF DRM APPROVED Bureau No. 1004-0135	
	BUREAU OF	LAND MANAGEME		DISL Z Expi		
					gnation and Serial No.	
Do not use this	form for proposals to dr	AND REPORTS OF	N WELLE TOGIN 2NM	6 If Indian, A	NM-14840 Ilottee or Tribe Name	
	Use "APPLICATION FO	R PERMIT" for su	entry to a different reserve	Agir.		
			-/ 2			
	SUBMIT	IN TRIPLICATE	5 DECENTED	(5))	A, Agreement Designation	
I Type of Well			OCD - ARTESIA	Ny R Wall Name		
2. Name of Operator	Other		0000	8. Well Name a	nd No.	
2. Hume of Operator	Mash D		SA CEL	·/	Star Federal #19	
3. Address and Telephone	No. Mack El	nergy Corporation	103-031-1538	9. API Well No		
	P.O. Box 960. A	Artesia, NM 88211-090	60 (505)748-1288	30	-015-32136	
4. Location of Well (Footage, Sec., T. R., M. or Survey Description)					ool, or Exploratory Area	
					East Empire Yeso	
2240 FNL & 930 FEL, Sec. 29 T17S R29E					alsh, State	
				J	Eddy, NM	
	APPROPRIATE BOX(s) TO INDICATE NA	TURE OF NOTICE, RE	PORT, OR OTH		
TYPE OF	CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION					
Notice of	of Intent					
-			lonment	Change of		
Subsequ	ient Report	Plugging Back				
		Casing Repair		Water Shu	ne Fracturing	
Final Al	bandonment Notice	Altering Casing			n to Injection	
		Other Completion		Dispose V	Dispose Water	
13 Describe Proposed or Con	nnleted Operations (Clearly state - II)			(Note: Report resu Completion or Re	Its of multiple completion on Well	
give subsurface loca	ations and measured and true vertica	ertinent details, and give pertine il depths for all markers and zo	ent dates, including estimated date of stants nes pertinent to this work)*	arting any proposed work.	If well is directionally drilled,	
03/21/2002 Drill ou						
03/23/2002 Acidize	d w/2500 gals 15% acid					
03/25/2002 Reacidi	zed w/32,000 gals 20% aci	d, 54,000 gals 40# gel.	5000 gals 15% acid, 4500 g	ale F/W fluch		
03/26/2002 RIH w/	140 joints 2 7/8" SN @ 44	12', RIH w/2 1/2 x 2 x	16' RHBC HVR NICARB PA	AP PUMP		
			ACCEPTE	D FOR RECO	n	
			APF	R 1 3 20 02		
)		
				S C. SWÓBODA		
				EUM ENGINEER		
14. I hereby certify that the fo		······				
Signed	oregoing is true and correct	Title	Production Analyst	Dete	4/11/02	
(This space for Federal or	State office use)			Date		
Approved by		Title		_		
Conditions of approval, if	any:			Date		
Title 18 U.S.C. Section 1001, a	makes it a crime for any person know	vingly and willfully to make to	any department or agency of the Unite	d States any false figure		
	within its jurisdiction.				us of traudulent statements	

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