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to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, New Mexico 87505

DISTRICT II
811 South First, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.
30-015-30519

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B-7596

7. Lease Name or Unit Agreement Name

Continental B State

8. Well No.
6

9. Pool name or Wildcat
Empire Yeso

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)

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, N. M. 88211-0960

4. Well Location
Unit Letter M : 660 Feet From The South Line and 607 Feet From The West Line
Section 30 Township 17S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3653

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: <u>Completion</u> <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.
11/10/2000 Drill out DV Tool. Perforate 4121-4435' 69 holes.
11/13/2000 Acidize perms w/2500 gals 15% NEFE acid.
11/14/2000 Reacidized w/32,000 20% HCL & 54,000 gals 40# gel. Pump 5000 gals 15% HCL, flush w/90 bbls FW.
11/15/2000 RIH w/141 joints 2 7/8" J-55 tubing landed @ 4451' TA @ 3948'. RIH w/new 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 Crista D. Cant TITLE Production Analyst DATE 2/9/01
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)
APPROVED BY TIM W. GUM TITLE DISTRICT II SUPERVISOR DATE FEB 13 2001
CONDITIONS OF APPROVAL, IF ANY:

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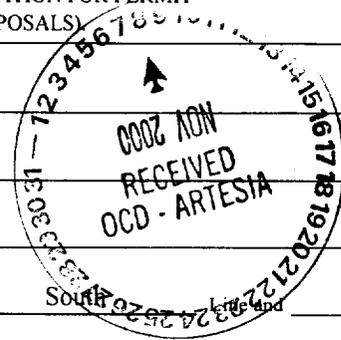
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TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Spud, and cement casings</u> <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.

10/13/2000 Spud 17 1/2" hole 8:30 AM, TD at 246', RIH 13 3/8" 48# 5 joints ST&C K-55 set @ 241', cement w/250sx Class C CaCl, plug down 6:15 PM circ 22sx, WOC 12 hours.

10/14/2000 TD 12 1/4" hole at 820', RIH w/8 5/8" 24# 18 joints ST&C J-55 set at 816', cemented w/275sx 35/65 Lite 6% gel, 6# salt 1/4# CF, Tail in w/200sx Class C 2% CaCl Plug down 12:35 AM circ 24sx. WOC 12 hours.

10/28/2000 TD 7 7/8" hole @ 4617'.

10/29/2000 RIH w/105 joints 5 1/2" 17# J-55 LT&C landed @ 4611' cemented 1st stage w/170sx 50-50-2 .5% FL-25 5# salt, cemented 2nd stage w/725sx 35/65/6 1/4# CF 3# salt & 250sx 50/50/2 .5% FL-25 5# salt circ 72sx plug down 12:15PM

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

SIGNATURE Cristina D. Cat TITLE Production Analyst DATE 11/7/00

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY **ORIGINAL SIGNED BY TIM W. GUM** 560 TITLE _____ DATE **NOV 15 2000**

CONDITIONS OF APPROVAL, IF ANY: