30-015-00921

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litter dated 11/27 & Changery Cornecsary liter fild in Mr. Armstrong, file

to Appropriate Submit 3 Copies District Office

State of New Mexico inerals and Natural Resources Department Energ_

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATION DIVISION 2040 South Pacheco	WELL API NO.
DISTRICT II 811 South First, Artesia, NM 88210	Santa Fe, New Mexico 87505	30-015-00921 5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410	★	STATE FEE 6. State Oil & Gas Lease No.
SUNDRY NOTIC	CES AND REPORTS ON WELLS	
SUNDRYNOTIC		
DIFFERENT RESEI	POSALS TO DRILL OR TO DEEPEN OR POUGRACHTO A RVOIR. USE "APPLICATION FOR PERMIT" AND ESTABLES A POPULATION FOR SUCH PROPOSALS).	7. Lease Name or Unit Agreement Name
1. Type Of Well: OIL GAS WELL	OTHER	Gulf Jackson
2. Name of Operator Mack Energy Corporation		8. Well No.
3. Address of Operator		9. Pool name or Wildcat
P.O. Box 960, Artesia, NM 88211-09	960	Red Lake QN GB SA
4. Well Location Unit Letter D: 330	Feet From The North Line and	330 Feet From The West Line
Section 18	Township 18S Range 27E	NMPM Eddy County
Section	10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
11. Check A	ppropriate Box to Indicate Nature of Notice,	Report, or Other Data
NOTICE OF INTE	· · · · · · · · · · · · · · · · · · ·	JBSEQUENT REPORT OF:
	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLI	
PULL OR ALTER CASING	CASING TEST AND	
POLEOKALIZACIONE		
OTHER:	OTHER	
12. Describe Proposed or Completed Opwork, SEE RULE 1103. 7/13/2000 RU lay down 3/4" rods & l	perations (Clearly state all pertinent details, and give pertinent dates, POH with tubing.	, including estimated date of starting any proposed
	Circ. hole w/mud. Tag plug @ 1235'. Spot 25sx plug @	@ 1063' & tag @ 980'. Spot 10sx surface plug &
	inc. note winder ragping & receive per ever proper	
RD. Install Dry Hole Marker.		
I hereby certify that the information above is true a	and complete to the best of my knowledge and belief.	etion Analyst 7/25/00
SIGNATURE	TITLE Produc	DATE
TYPE OR PRINT NAME	Crissa D. Carter	теlерноле NO. (505)748-1288
(This space for State Use)		
Phi O Hawke	is TITLE Field Rep	1 8.31-2000