

New Mexico Oil Conservation Division, District I
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
1625 N. French Drive
Hobbs, NM 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS *

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other Injection

2. Name of Operator
Mack Energy Corporation

3. Address and Telephone No.
P.O. Box 960, Artesia, NM 88211-0960 (505) 748-1288

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec. 5, T18S, R32E NENE Tract 3 660FNL & 660FEL

5. Lease Designation and Serial No.
NMLC061155A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
NMNM71009A

8. Well Name and No.
Pearsall QN 08

9. API Well No.
30-025-00842-00-S1

10. Field and Pool, or Exploratory Area
Pearsall

11. County or Parish, State
Lea County, NM

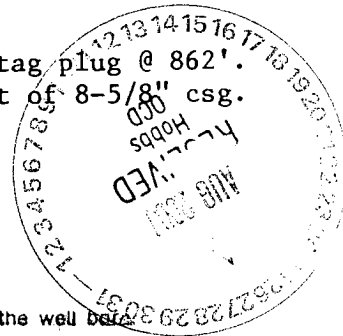
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

7-30-04 Spot 25 sx cmt. @ 3561'.
8-02-04 Tag plug @ 3342'.
8-02-04 Circ. hole w/ mud.
8-02-04 Spot 25 sx cmt. @ 2900'.
8-02-04 Perf. 4 holes @ 1010', set pkr. @ 750', sqz. 40 sx cmt. & tag plug @ 862'.
8-02-04 Perf. 4 holes @ 60', pump 25 sx cmt. down 7" to surface out of 8-5/8" csg.
Leave 7" full of cmt.
8-03-04 RDMO. Install dry hole marker & clean location.



Approved as to plugging of the well being
Liability under bond is retained until
surface restoration is completed.

14. I hereby certify that the foregoing is true and correct

Signed [Signature] Title Agent Date 8-04-04
(This space for Federal or State office use)

Approved by (ORIG SGD) DAVID R GLASS Title _____ Date AUG 25 2004
Conditions of approval, if any: