Submit 3 Copies To Appropriate District Office	State of New Me		Form C-103 May 27, 2004	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natu	I WEI	LL API NO.)-025-27979	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION	DIVISION 5. In	ndicate Type of Lease	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fran	ncis Dr.	STATE X FEE	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87		tate Oil & Gas Lease No. G-7131	
87505 SUNDRY NOT	TICES AND REPORTS ON WELLS	7. L	ease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROP	DSALS TO DRILL OR TO DEEPEN OR PLU ICATION FOR PERMIT" (FORM C-101) FC	UG BACK TO A	ea ZO State	
1. Type of Well: Oil Well 🕅	Gas Well 🗌 Other		Vell Number 1	
2. Name of Operator Mack Energy Corporation		9. 0	9. OGRID Number 013837	
3. Address of Operator PO Box 960 Artesia, NM 88211-0960		10.	Pool name or Wildcat Maljamar Grbg SA	
4. Well Location		line and 2310) for the Heat the	
Unit Letter N	: <u>339</u> feet from the <u>South</u>			
Section 35 Township 16S Range 32E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
4264'GL				
Pit or Below-grade Tank Application	or Closure [_] water <u>205</u> Distance from nearest fresh w		orn nearest surface water 1000 '	
Pit Liner Thickness: mi		bbls; Construct	1	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
			UENT REPORT OF:	
NOTICE OF II PERFORM REMEDIAL WORK	CHANGE PLANS	SUBSEQ REMEDIAL WORK COMMENCE DRILLING CASING/CEMENT JOB	ALTERING CASING COPNS. P AND A	
OTHER: OT				
6/28/05 Set 5-1/2" CIBP @ 3008', cap w/ 35' cmt. w/ bailer. 6/28/05 Circ hole w/ MLF. 6/28/05 Spot 35 sx. cmt. @ 1280'. 6/29/05 Tag plug @ 988'.				
5/29/05 Spot 55 sx. cmt. from 466' to surface.				
6/30/05 RDMO. Cut off wellhead & anchors, install dry hole marker, and clean location.				
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		4⊈ 2-β 1 - κ	1. 222324 -	
	Approved as to plugging of the Liability under bond is retained surface restoration is complete	l until		
	·			
I hereby certify that the information	n above is true and complete to the b	est of my knowledge and	belief. I further certify that any pit or below- (attached) alternative OCD-approved plan	
signature Randal	TITLE_	Agent	DATE7/1705	
Type or print name Randall M For State Use Only	inear E-mail a	ddress:	Telephone No. 432-530-0907	
APPROVED BY: Conditions of Approval (if any);	W. Wink TITLE	and the line	JUL 1 8 2005	
	oe field	REPRESENTATIVE IVS	RECEIVED	
		, X	JUL 1 1 2005	