Submit 3 Copies to Appropriate
District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs NM 88240				WELL API NO.			
DISTRICT II 811 South First, Artesia, NM 88210	Santa Fe, New Mexico 87505			30-025-36309 5. Indicate Type of Lease STATE FEE			
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410				6. State Oil & Gas Lease No. A-983			
SUNDRY NO	TICES AND REPORTS (ON WELLS		The second second			
(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).				7. Lease Name or Unit Agreement Name			
1. Type Of Well: OIL S GAS OTHER WELL OTHER				Sapphire State			
2. Name of Operator Mack Energy Corporation			I	8. Well No. 5			
3. Address of Operator				9. Pool name or Wildcat			
P.O. Box 960, Artesia, NM 88211-0960				San Andres			
Unit Letter A: 990	Feet From The N			Feet Fron	n The E	ast Line	
Section 23	Township 23S	10060		MPM	Lea	County	
		3354' GR					
	Appropriate Box to Indi	cate Nature of	_				
NOTICE OF IN	TENTION TO:		SUBS	EQUENT R	REPORT OF	F:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIA	L WORK		ALTERING CA	SING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMEN	CE DRILLING C	DPNS.	PLUG AND AB	ANDONMENT X	
PULL OR ALTER CASING CASING TEST AND C				ENT JOB			
OTHER:		OTHER_					
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state all pertiner	nt details, and give per	tinent dates, includ	ling estimated date	of starting any pro	pposed	
Mack Energy Corporation plugged v	vell as follows:						
12/02/2003 Set CIBP @ 3610', cap 12/03/2003 Install dry hole marker.	w/42' cement, spot 25 sx @	1543', spot 45 sx	@ 348' circula	ate to surface.			
•				16111	819202723	`	
				THE TENE	``	22/ 22/	
$A^{\mathbf{x}_{i}} = \sum_{j \in \mathcal{J}_{i}} a_{ij}$				13/13/	: ^}	25	
Approved as to pluggir Liability under bond is surface restoration is o	tetained			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	STONE SO	20 20 20 20 20 20 20 20 20 20 20 20 20 2	
	•			390	1531-153	/	
I hereby certify that the information above is true	and complete to the best of my knowle	dge and belief.					
SIGNATURE JENNY W. S	herall	TITLE	Production	Clerk	DATE	2/19/2004	
TYPE OR PRINT NAME	Jerry V	W. Sherrell			TELEPHONE N	NO.	
(This space for State Use)		FIELD REPRESE	NTATIVE II/S	TAFF MANA	GER	FEB 2 5 200	
CONDITIONS OF APPROVAL, FANY:		TITLE			DATE	<u> </u>	
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