## State o New Mexico Ener

Minerals and Natural Resources Department

Form C-103

SEP 0 3 2002

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATION DIVISION 2040 South Pacheco		WELL AFTINO.	WELL API NO. 30-025-00569	
DISTRICT II 811 South First, Artesia, NM 88210	Santa Fe, New Mexico 87505		<u> </u>	5 Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410				STATE STATE FEE  6. State Oil & Gas Lease No.  B-2366-11	
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).				7. Lease Name or Unit Agreement Name	
1. Type Of Well: OIL GAS OTHER Injection			Leaker "CC"	Leaker "CC"	
2. Name of Operator Mack Energy Corporation			8. Well No.	T .	
3. Address of Operator P.O. Box 960, Artesia, NM 88211-0960 4. Well Location				9. Pool name or Wildcat Maljamar GB SA	
Unit Letter J : 1980	Feet From The S	outh Line and	1980 Feet From	m The East Line	
Section 16	Township 17S 10. Elevation (Show	Range 32E whether DF, RKB, RT, GR, etc. 4028' GR	NMPM	Lea County	
Check A NOTICE OF INT	Appropriate Box to Ind ENTION TO:	1	e, Report, or Othe		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN			LING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AN	D CEMENT JOB		
OTHER: Convert from injection to pro	oduction	OTHER			
12. Describe Proposed or Completed C	)perations (Clearly state all pertin	nent details, and give pertinent da	tes, including estimated data	e of starting any proposed	
08/27/2002 MIRU nipple up BOP ar if productive.	nd pull packer and tubing o	out of hole, set CIPB @ 36	651' w/35' cement cap	p, perforate Yates zone to see	
			16	greate.	
			:	<b>6</b>	
			*		
I hereby certify that the information above is true	and complete to the best of my knowle	edge and belief.			
SIGNATURE LIDE D.	Con I	TITLE Produ	ection Analyst	DATE8/27/02	
TYPE OR PRINT NAME	Crissa	a D. Carter		TELEPHONE NO.	
(This space for State Use)		AL COUNTED BY			
APPROVED BY DATE DATE DATE					

APPROVED BY-

CONDITIONS OF APPROVAL, IF ANY