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

CONDITIONS OF APPROVAL, IF ANY

OIL CONSERVATION DIVISION

WELL API NO.

P.O. Box 1980, Hobbs NM 88240	2040 South Pacheco			30-025-00574		
DISTRICT II Santa Fe, New Mexico 87505 811 South First, Artesia, NM 88210				5. Indicate Type of Lease STATE FEE FEE		
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410				6. State Oil & Gas Lease No. B-2366		
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		
I. Type Of Well: OIL GAS WELL WELL	OTHER			Leaker CC		
Name of Operator Mack Energy Corporation				8. Well No. 7		
3. Address of Operator				9. Pool name or Wildcat		
P.O. Box 960, Artesia, NM 88211-096	0			Maljamar GB S	SA 4332	7
1000	Feet From The No	orth Line	e and64	0 Feet From	The East	Line
Section 16	Township 17S	Range		NMPM	Lea	County
	10. Elevation (Show v	whether DF, RKB, R1 4055' GR	Γ, GR, etc.)			Property of the second
11	propriate Box to Indi	cate Nature of		_		
NOTICE OF INTEN		\square		SEQUENT F	REPORT OF:	. \Box
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIA	AL WORK		ALTERING CASIN	
TEMPORARILY ABANDON	CHANGE PLANS	COMMEN	NCE DRILLING	OPNS.	PLUG AND ABAN	DONMENT [
PULL OR ALTER CASING		CASING	TEST AND CE	MENT JOB		F
OTHER:		OTHER				<u></u>
12. Describe Proposed or Completed Operwork) SEE RULE 1103.	rations (Clearly state all pertir	nent details, and give p	pertinent dates, inc	cluding estimated date	e of starting any propos	ed
Mack Energy Corporation proposes to p	lug and abandon well as	s follows:				
1. Notify OCD 24 hours prior to starting 2. Set CIBP 100' above perfs @ 3090' ca 3. Set 25 sx plug 50' above and below be 4. Set 25 sx plug 50' above and below to 5. Set 10 sx surface plug. 6. Install dry hole marker. SET Z5 SX PLUC	ap w/35' cement. ottom of salt from 1036-936	-2007' TA 5'. TAG (5	G URF. CS	3 5 HOE)	1 4	
→ SET 233X PCOC			95 85 855 17 34 2 3 - 2 - 7	F10 24 NO OF JC463	OCC.	
I hereby certify that the information above is true and	complete to the best of my knowl	edge and belief.	Productio	n Analyst	DATE	11/4/02
TYPE OR PRINT NAME	Criss	a D. Carter	<u></u>		TELEPHONE NO.	
(This space for State Use)	Quality of the				NOV -	7 2002
APPROVED BY		TITLE		<u> </u>	DATE	