District II PO Drawer DD, Artes District III 1000 Rio Brazos Rd., /			State of Ne Minerals & Nata ONSERVA PO Box	TION DIV	раларся		ubmit to		Form C February 10, Instructions on Friate District O
District IV PO Box 2088, Santa Fe		Sa	nta Fe, NM	87504-20	88		_	Fo	ite Lease - 6 Co ee Lease - 5 Co
APPLICATIC	ON FOR PERM				_		Ľ		ENDED REPOR
	ON FOR PERM	Operator	Name and Addres	INTER, D	EEPE	en, plugi	BACK	, OR A	ADD A ZON
Mack	Energy Corpo Box 960	ration						1	OGRID Number
Artes	•						837		
Property Co	de Druh nar							30 - 0	API Nember 25-00577
_006081 JS	276	Edward	State	Property Name				L	' Weil No.
									3
UL or iot as. Section	en Township Ran	te Lot ida	Feet from the	Location	- <u>-</u> ,				
L 16	the second s	2E	1720	Card	, 1	Fost from the		est Las	Conaty
UL or lot no. Sertia	* Propos	ed Bottom	Hole Local	tion If Diff	11 Former	990	We	st	Lea
UL or lot no. Section	a Township Rang	e Lot Ida	Feet from the	North/South	line	Feet from the	face		
	'Proposed Pool						East/W	nt Lee	County
Maljamar (ueen (gas)					" Propos	ed Pool 2		
		80960							
"Work Type Cod	e ¹² Well 7	ype Code	"Colu						
P	P G		Code ¹³ Cable/Rotary R		14 Lease Type Code		¹⁴ Ground Level Elevation		
" Multiple	17 Propos	" Proposed Depth		" Formation		S		4047 ** Sped Date	
NO	344(Oueen		"Contractor Mack Energy				
Hole Size		²¹ Propose	d Casing an	Id Cement	Prog	CK Energy		9/1	5/94
12 1/4	Casing Size 8 5/8	Casia		Setting Dep	x105	Secks of (
	0 5/0		24	233'		125		Estimated TOC Circ	
7 7/8	5 1/2		14			1 140			1 1 1 0
	<u>5 1/2</u> 2 3/8			4168	_	250			
	5 1/2 2 3/8		4.6	<u>4168'</u> 3172'					2700
7 7/8	2 3/8		4.6	3172'		250		2	700
7 7/8	2 3/8 rogram. If this applicat	ion is to DEEPS Any. Use add	4.6	3172'	a the pr	250		2	700
7 7/8 cacribe the proposed pro- be Describe the blowest Propose to			4.6	3172' K give the data or cmary.		250		2	2700
7 7/8 excribe the proposed pr be Describe the blowes Propose to and acidize gel w/50 qu	2 3/8 Magnam. If this applicat a prevention program, is plug back to plug back to w/1000 gals uality CO ² an	o 3440' _b ; 15% NE :d 500sx	4.6 Nor PLUG BACK thosal sheets if acc d/CIBP. Pe acid and f 16/30 sand	3172' K give the data of cmary. erf Queen frac perf l.	Per s 31	250 	62' w 32,000	/17 hc 0 gals	2700 The soles so 40#
7 7/8 excribe the proposed pr be Describe the blowes Propose to and acidize gel w/50 qu	2 3/8 regram. If this applicat t preventice program, in	o 3440' _b ; 15% NE :d 500sx	4.6 N or PLUG BACK Goad sheets if second ACIBP. Pe acid and f 16/30 sand	3172' K give the data of cmary. erf Queen frac perf 1. OIL C	Per s 31	250 	62' w 32,000	/17 hc 0 gals	2700 The productive Dles 5 40#
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7 7/8 meribe the proposed pro- Propose to and acidized gel w/50 quarter reby certify that the infor- knowledge and belief. hare: d name: Crissa	2 3/8 rogram. If this applicat t prevention program, is plug back to e w/1000 gals uality CO ² and whether above is tr in the second second second second whether above is tr in the second second second second second a D. Carter	o 3440' _b ; 15% NE :d 500sx	4.6 N or PLUG BACK Goad sheets if second ACIBP. Pe acid and f 16/30 sand	3172' K give the data of cmary. erf Queen frac perf 1. OIL C	Per s 31	250 	62' w 32,000	/17 hc 0 gals	2700 The productive Dles 5 40#
7 7/8 encribe the proposed pro- propose to and acidized gel w/50 qu reby certify that the info knowledge and belief. fure: d name: Criss:	2 3/8 regram. If this applicat t prevention program, if plug back to e w/1000 gals uality CO ² and remaining given above is to whether the second second second second the second second second second second the second second second second second the second s	o 3440' _b ; 15% NE :d 500sx	4.6 N or PLUG BACK tional sheets if sec acid and f 16/30 sand 16/30 sand Title:	3172' K give the data of cmary. erf Queen frac perf 1. OIL C	Per s 31	250 secal productive a fs, 3140- 40-62' w/	62' w 32,000	/17 hc 0 gals	2700 The soles so 40#

C-101 Instructions

Measurements and dimensions are to be in feet/inches. Well locations will refer to the New Mexico Principal Meridian.

IF THIS IS AN AMENDED REPORT CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT.

- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- 2 Operator's name and address
- 3 API number of this well. If this is a new drill the OCD will assign the number and fill this in.
- 4 Property code. If this is a new property the OCD will assign the number and fill it in.
- 5 Property name that used to be called 'well name'
- 6 The number of this well on the property.
- 7 The surveyed location of this well New Mexico Principal Meridian NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD Unit 'atter.
- 8 The proposed bottom hole location of this well at TD

9 and 10. The proposed pool(s) to which this well is beeing drilled.

- 11 Work type code from the following table:
 - N New well
 - E Re-entry
 - D Drill deeper
 - P Plugback
 - A Add a zone
- 12 Well type code from the following table:
 - O Single oil completion
 - G Single gas completion
 - M Mutiple completion
 - I Injection well
 - S SWD well
 - W Water supply well
 - C Carbon dioxide well
- 13 Cable or rotary drilling code
 - C Propose to cable tool drill
 - R Propose to rotary drill
- 14 Lease type code from the following table:
 - F Federal
 - S State
 - P Private
 - N Navaio
 - J Jicarilla
 - U Ute
 - I Other Indian tribe
- 15 Ground level elevation above sea level
- 16 Intend to mutiple complete? Yes or No.
- 17 Proposed total depth of this well

- 18 Geologic formation at TD
- 19 Name of the intended drilling company if known.
- 20 Anticipated spud date.
- 21 Proposed hole size ID inches, proposed casing OD inches, casing weight in pounds per foot, setting depth of the casing or depth and top of liner, proposed comenting volume, and estimated top of coment
- 22 Brief description of the proposed drilling program and BOP program. Attach additional sheets if necessary.
- 23 The signature, printed name, and title of the person authorized to make this report. The date this report was signed and the telephone number to call for questions about this report.

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