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Submit 3 Copies to Appropriate District Office	State c New P Enc., Minerals and wel	Mexico (22) Resources Departmei.	Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSEL ATI P.U. Box 2		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic		30-025-00791
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	:	•	57ATE 2 FEE 6. State Oil & Gas Lesse No. 8-4109
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C	ICES AND REPORTS ON W DPOSALS TO DRILL OR TO DEEPE RVOIR. USE "APPLICATION FOR F -101) FOR SUCH PROPOSALS.)	IN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OL OL WELL OAS WELL X WELL	OTHER	•	Hover
2. Name of Operator Mack Energy Corporation	оп		& Well No. 3
3. Address of Operator			9. Pool name or Wildcat
P. O. Box 1359, Artes: 4. Well Location	ia, NM 88211		Pearsall-Seven Rivers
Unit Letter :660) Feet From The West	Line and660	Feet From The North Line
Section 32	Towaship 17-S	Range 32-E	NMPM Lea, NM County
	10. Elevation (Show whethe	r DF, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
		REMEDIAL WORK	
	CHANGE PLANS		OPNS. 🔲 PLUG AND ABANDONMENT 🖾
PULL OR ALTER CASING			
OTHER:		OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.			
 Spot 75 sx cement plug @ 2394' W.O.C. Tga cement top @ 1786' Squeeze 115 sx cement in casing hole @ 1255-1270' W.O.C. broke water circulation in celler outside 8-5/8 casing, water flowing overnite, squeeze did not hold Pumped 200 sx cement between 5-1/2 & 8-5/8 casing, held balance, plug between 5-1/2 & 8-5/8 while flowing out 2-3/8 tubing to pit Squeeze 100 sx cement in to hole in casing @ 1255'-1270' W.O.C. Tag cmt @ 653' Perforate 5-1/2 casing @ 60' circulate cement to surface between 5-1/2 & 8-5/8 with 30 sacks, leaving 5-1/2 full Set PA marker Job completed 6-16-97 			
I hereby certify that the information above is true SIGNATURE HELYMAN MEL TYPE OR FRINT NAME	Iclenado T	a me Supenina	DATE DATE 16-97 TELEPHONE NO.
(This space for State Unit) ICINAL EPONED DISTRICT	OT CHILIS WILLIAMS SUPERVISOR		UN 27 107
	T	mu z	DATE
CONDITIONS OF AFFROVAL, IF ANY:			mp