BOS 3220

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-23245

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.

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
State SS

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Mack Energy Corporation

8. Well No.
1

3. Address of Operator
P.O. Box 960, Artesia, NM 88211-0960

9. Pool name or Wildcat

4. Well Location
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line

Section 24 Township 17-S Range R-36-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3806'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[X]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
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.

1. MIRU.
2. Set 5-1/2" CIBP @ 5062', cap w/ 35' of cement.
3. Circulate hole w/ 9.5# MLF.
4. Perforate 5-1/2" csg. @ 1990', sqz perfs w/ 35 sx 1990-1890', WOC & tag.
5. Perforate 5-1/2" csg. @ 382', sqz.perfs w/ 35 sx 382-282', WOC & tag.
6. Spot 10 sx cmt. 60-3'.
7. Cut off wellhead & install dry hole marker.

SEP 2002
RECEIVED
Hobbs
OCD

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Cindy D. Carter TITLE Production Analyst DATE 9/16/02

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)
APPROVED BY ORIGINAL SIGNED BY GARY W. WINK OC FIELD REPRESENTATIVE II/STAFF MANAGER TITLE DATE SEP 18 2002

CONDITIONS OF APPROVAL, IF ANY: