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. 30-025-23365

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

6. State Oil & Gas Lease No. L-200

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 DS

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

2. Name of Operator: Mack Energy Corporation

8. Well No. 5

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

9. Pool name or Wildcat: Spencer San Andres

4. Well Location
Unit Letter M : 990 Feet From The South Line and 990 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	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[X]
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.

9-27-02 Rig up unit, set 5-1/2" CIBP @ 4884', cap it w/ 35' cmt.
9-30-02 Mud up hole, pressure test csg. @ 600 PSI(held okay), perf. 4 holes @ 1980' sqz. 35 sx cmt., WOC.
10-01-02 Tag cmt. plug @ 1824', perfs 4 holes @ 390', sqz 35 sx cmt. w/ 2% CaCl. WOC 4 hrs., tag cmt. plug @ 285', spot 10 sx cmt. to surf. (60'-0). Rig down unit and cmt. equipment. Clean location. Cut off wellhead & install dry hole marker.

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

SIGNATURE Leesa D. Carter TITLE Production Analyst DATE 10/14/2002

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY Johnny Robinson TITLE COMPLIANCE OFFICER DATE DEC 0 9 2002

CONDITIONS OF APPROVAL, IF ANY: GWW