Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-35930

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 DS

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

2. Name of Operator: Mack Energy Corporation

8. Well No. 8

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

9. Pool name or Wildcat

4. Well Location
Unit Letter N : 330 Feet From The South Line and 2310 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.) 3808'

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 @ 3293'.
3. Spot 25 sx on top CIBP @ 3293-3047' (cover 8-5/8" shoe @ 3120').
4. Spot 25 sx 1990-1890', WOC & tag.
5. Spot 25 sx 468-368', WOC & tag.
6. Spot 10 sx 60-4'.
7. Cut off wellhead & install dry hole marker.

→ SPOT 25SX PLUG F/6024' to 5924' (BOTTOM PLUG)

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 Jessica D. Cat TITLE Production Analyst DATE 9/16/02

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY Gary W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE SEP 18 2002

CONDITIONS OF APPROVAL, IF ANY: