APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103

Appropriate Energy, Minerals and I istrict Office	Natural Resources Department	Revised 1-1-89
ISTRICT I OIL CONSERV	VATION DIVISION	WELL API NO.
	Pacheco St. c, NM 87505	3002528569
O. Drawer DD, Artesia, NM 88210	s, 141VI 67505	5. Indicate Type of Lease STATE FEE FEE
ISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		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
Type of Well:		Burke Fee
OIL GAS WELL OTHER		·
Name of Operator		8. Well No.
Mack Energy Corporation		1
Address of Operator		9. Pool name or Wildcat Eumont Yates 7 RQ
P.O. Box 960, Artesia, NM 88211 Well Location		Editoric Taces / RQ
Unit Letter L: 1980 Feet From The Sol	th Line and 6	60 Feet From The West Line
Section 27 Township 19		NMPM Lea County
//////////////////////////////////////	now whether DF, RKB, RT, GR, e	tc.)
Charle Appropriate Pourte Iv	diesta Natura of Nation	Depart or Other Date
Check Appropriate Box to In	t	
NOTICE OF INTENTION TO:	501	BSEQUENT REPORT OF:
RFORM REMEDIAL WORK PLUG AND ABANDOI	N X REMEDIAL WORK	ALTERING CASING
MPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
		\Box
LL OR ALTER CASING	CASING TEST AND C	EMENT JOB .
HER:	OTHER:	
Describe Proposed or Completed Operations (Clearly state all pework) SEE RULE 1103. 1. MIRU plugging unit.	HOURS PRIOR T PLUGGING OPE TO BE APPROVE	RATIONS FOR THE C-103
2. Spot 25 sx cmt. 3116-3016', WC	C & tag.	
3. Circulate hole w/ 9.5# MLF.		
4. Spot 25 sx 2580-2480'. 5. Perforate 5-1/2" csg. @ 1760',	car 11/ 35 or omt 1	760 1660! NOC \$ +22
6. Perforate 5-1/2" csg. @ 385',	sqz w/ 35 sx cmt 38	5-285' NOC & rag.
7. Spot 10 sx cmt. 60-3'.	542 W/ 55 52 CMC. 50	5 205 ; 1100 a cag.
8. RD, cut off wellhead, install	dry hole marker, & c	lean location.
Verbal Approval From Gary	Wink w/ NM OCD on 5	-30-02
hardward for the state of the s		
hereby certify that the information above is true and complete to the best of m		
GNATURE OY MAA	mreSupervisor	DATE 5/31/02
YPE OR PRINT NAME Tony Hall		те дей оне но. (505) 748–1 <u>2</u> 8
This space for State Heal	OPIGINAL SIGNED B	
This space for State Use)	GARY W. WINK	
PROCUES NA	OC FIELD REPRESENT	TATIVE II/STAFF MANAGERJUN 0 5 2002
PPROVED BY	TITLE	DATEDATE