

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-31302	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. V-4972	
7. Lease Name or Unit Agreement Name Southern Cross 32 State	
8. Well Number #1	
9. OGRID Number 013837	
10. Pool name or Wildcat Antelope Sink; Morrow Gas	

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.)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Mack Energy Corporation	
3. Address of Operator P.O. Box 960 Artesia, NM 88210	
4. Well Location Unit Letter K : 1750 feet from the S line and 1980 feet from the W line Section 32 Township 18S Range 24E NMPM County Eddy	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3967' GR	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- Set 4 1/2" CIBP @ 8300'. Pressure test csg. Circ hole w/ MLF. Spot 25 sx cmt @ 8300-8000'. WOC + Tag
- Spot 25 sx cmt @ 7650-7350'.
- Spot 25 sx cmt @ 6210-6050'.
- Spot 25 sx cmt @ 4900-4600'.
- Perf & Sqz 35 sx cmt @ 3711-3600'. WOC & Tag
- Perf & Sqz 60 sx cmt @ ~~1616-1200~~ 1300'. WOC & Tag.
- Perf & Sqz 35 sx cmt @ 100' to surface.
- Cut off well head, verify cmt to surface, weld on Dry Hole Marker.

Notify OCD 24 hrs. prior to any work done.

RECEIVED

DEC 17 2018

DISTRICT II-ARTESIA O.C.D.

Spud Date:

Rig Release Date:

**See Attached COA's*

Must be plugged by 12/19/19

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

SIGNATURE Abigail Montgomery TITLE Agent DATE 12/12/2018
Type or print name Abigail Montgomery E-mail address: abbym@bcmmandassociates.com PHONE: 432-580-7161
For State Use Only

APPROVED BY: [Signature] TITLE Staff mg DATE 12/19/18
Conditions of Approval (if any):

ENTERED
[Signature]