Energy Minerals and Natural Resources	C-103 ly 18, 2013
1625 N, French Dr., Hobbs, NM 88249 DBS OCU ST, Willer and Franking and Franking Well API NO.	<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>
District 11- (575) 748-1283 HODDO 1301 W. Grand Ave., Artesia, NM 8821 0 OIL CONSERVATION DIVISION 30-025-39186 5. Indicate Type of Lease	
District III- (505) 334-6178 STATE NA 97414N 0 2014 1220 South St. Francis Dr.	
District IV- (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	
87505 E-1632	
SUNDRY NOPLES 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 NM Raptor	ame
PROPOSALS.) 1. Type of Well: Oil Well 🖾 Gas Well 🗋 Other 8. Well Number 1	
2. Name of Operator 9. OGRID Number	
Mack Energy Corporation     013837       3. Address of Operator     10. Pool Name or Wildcat	
P.O. Box 960 Artesia, NM 88210 LA Rica; Morrow West (Gas)	
4. Well Location	/
Unit Letter I 1980 feet from the South line and 860 feet from the East	_line
Section 28 Township 18S Range 34E NMPM County Lea	L/
11. Elevation (Show <i>whether DR, RKB, RT, GR etc.)</i> 4019' GR	
12. 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 CASIN TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A	GLI
PULL OR ALTER CASING I MULTIPLE COMPL I CASING/CEMENT JOB	
CLOSED-LOOP SYSTEM LI Frac Existing Perfs 🛛 OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimat of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed cor or recompletion.	
Mack Energy Corporation proposes to do the following work:	
1. POH w/rods and tubing	
<ol> <li>2. Frac existing perfs</li> <li>3. Put well back on production</li> </ol>	
······································	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true slid complete to the best of my knowledge and belief.	
Thereby certify that the information above is the sind complete to the best of my knowledge and benef.	ſ
SIGNATURE DATE DATE U. C. M. DATE U. C. M.	$\cup$
SIGNATURE $UUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU$	<u> </u>
Type or print name Deana Weaver       E-mail address: dweaver@mec.com       PHONE: 575-748-128         For State Use Only       Image: state Use Only       Image: state Use Only	38
26/11/	IL.
APPROVED BY:	<b>F</b>
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