Santa Fe Main Office Phone: (505) 476-3441 Fax: (55) 476-3462	State of New M Energy, Minerals and Na		Form C-103 Revised July 18, 2013		
General Information Phone: (505) 629-6116	Energy, witherars and iva	turar Resources	WELL API NO.		
Online Phone Directory Visit:	OIL CONSERVATIO	N DIVISION	30-025-33678 5. Indicate Type of Lease		
https://www.emnrd.nm.gov/ocd/contact-us/			STATE FEE		
	Santa Fe, NM 8	37505	6. State Oil & Gas Lease No.		
	ES AND REPORTS ON WELL		7. Lease Name or Unit Agreement Name		
(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.)			McDonald SWD		
1. Type of Well: Oil Well Gas Well Other SWD			8. Well Number 1		
2. Name of Operator Mack Energy Corporation			9. OGRID Number 013837		
3. Address of Operator			10. Pool name or Wildcat		
P.O. Box 960 Artesia, NM 882	11-0960		SWD; San Andres		
4. Well Location Unit Letter : 1:	334feet from the South	line and 987	7feet from the Eastline		
Section 9	Township 15S F	Range 32E	NMPM County Lea		
	11. Elevation (Show whether L 4303.7' GR	PR, RKB, RT, GR, etc.			
12. Check Ap	opropriate Box to Indicate	Nature of Notice,	Report or Other Data		
NOTICE OF INT			SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WOR			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986		
DOWNHOLE COMMINGLE					
CLOSED-LOOP SYSTEM	э п	OTHER:	MIT Test		
OTHER: 13. Describe proposed or comple	ted operations. (Clearly state al		d give pertinent dates, including estimated date		
of starting any proposed wor	k). SEE RULE 19.15.7.14 NMA	C. For Multiple Co	mpletions: Attach wellbore diagram of		
proposed completion or recompletion.					
A successful Mechanical Integrity Test was performed on the referenced well on 9/5/2024. A representative from the NM OCD was present to witness the test.					
Toprosoniaavo nom ale rin	oob maa procent to man				
4					
Spud Date:	Rig Release I	Date:			
Spua Bute.					
I hereby certify that the information a	hove is true and complete to the	best of my knowledg	re and belief.		
Thereby certify that the information a	yore is true and complete to the				
SIGNATURE Delilah Fla	res TITLE Reg	ulatory Technic	ian I _{DATE} 9/5/2024		
Type or print name Delilah Flores	E-mail addre	ss: delilah@me	c.com PHONE: 575-748-1288		
For State Use Only	-1				
APPROVED BY: Conditions of Approval (if any):	TOTTLE_TITLE_	Compliance Of	ficer A DATE 9/23/24		

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720

District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. **Santa Fe, NM 87505**

CONDITIONS

Action 381028

CONDITIONS

Operator:	OGRID:
MACK ENERGY CORP	13837
P.O. Box 960	Action Number:
Artesia, NM 882110960	381028
	Action Type:
	[C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By		Condition Date
kfortner	None	9/23/2024