Submit 1 Copy To Appropriate District Office State of New Mexico	Form C-103
Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 BBS OCD District II- (575) 748-1283	Revised July 18, 2013 WELL API NO.
District II- (575) 748-1283 1301 W. Grand Ave., Artesia, NM 8821 0 OIL CONSERVATION DIVISION	30-025-30941
1301 W. Gland Ave., Artesia, IVW 00210	5. Indicate Type of Lease STATE ☑ FEE □
District III- (505) 334-6178 1 000 Rio Brazos Rd., Aztec, NM 874 24 2014 1220 South St. Francis Dr. District IV- (505) 476-3460 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	VB-2155
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Barbaro State /
PROPOSALS.) 1. Type of Well: Oil Well  Gas Well  Other/	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 88210	Vacuum; Delaware, Mid
4. Well Location	220
Unit Letter 1 1700 feet from the South line and Section 17 Township 18S Range 35E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR etc.)	1 tivii tit
3942' GR	Tarket State of the State of th
12. Check Appropriate Box to Indicate Nature of Notice,	Panart ar Other Data
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	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIALWORI TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI	<u> </u>
PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMEN	<u> </u>
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM LI Add Perfs OTHER:	
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 Completion:	s: Attach wellbore diagram of proposed completion
Mack Energy Corporation proposes to do the following work:	
1 DOH w/rods and tubing	
1. POH w/rods and tubing 2. Add Perfs @ 5808-5818'	
2. Acidize, Swab and Evaluate for additional stimulation	
3. Put well back on production	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true slid complete to the best of my knowledge and belief.	
1) 20 1- (1) 200 100	1, 2, 11/
SIGNATURE DI CAMPULLA TITLE Production Clerk	DATE W. D. 14
Type or print name Deana Weaver E-mail address: dweaver@mec.	com PHONE: <u>575-748-1288</u>
For State Use Only	
APPROVED BY:	DATE 6/25/19
Conditions of Approval (i. align).	Υ