

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>				<b>Form C-105</b> Revised August 1, 2011				
		1. WELL API NO. <b>30-025-40197</b>								
		2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN								
		3. State Oil & Gas Lease No. <b>VO-7048</b>								
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>										
4. Reason for filing: <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes # 1 through #31 for State and Fee wells only)  <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)						5. Lease Name or Unit Agreement Name <b>Ohio State (DHC-4607)</b>				
7. Type of Completion: <input type="checkbox"/> NEW WELL <input checked="" type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input checked="" type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER						6. Well Number: <b>5</b>				
8. Name of Operator <b>Mack Energy Corporation</b>						9. OGRID <b>013837</b>				
10. Address of Operator <b>P.O. Box 960, Artesia, NM 88210</b>						11. Pool name or Wildcat <b>Vacuum, Bone Spring South</b>				
<b>12. Location</b>	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	<b>K</b>	<b>7</b>	<b>18S</b>	<b>35E</b>		<b>1920</b>	<b>South</b>	<b>2130</b>	<b>West</b>	<b>Lea</b>
BH:										
13. Date Spudded <b>7/7/2014</b>	14. Date T.D. Reached <b>7/8/2014</b>		15. Date Rig Released <b>7/30/2014</b>		16. Date Completed (Ready to Produce) <b>7/29/2014</b>		17. Elevations (OF and RKB, RT, GR, etc) <b>4311' GR</b>			
18. Total Measured Depth of Well <b>9235'</b>			19. Plug Back Measured Depth <b>9189'</b>		20. Was Directional Survey Made? <b>No</b>		21. Type Electric and Other Logs Run			
22. Producing Interval(s), of this completion - Top, Bottom, Name <b>7504-8422' Vacuum, Bone Spring South</b>										
<b>23. CASING RECORD (Report all strings set in well)</b>										
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED
<b>8 5/8" J-55</b>		<b>24</b>		<b>1567</b>		<b>12 1/4</b>		<b>850sx</b>		<b>None</b>
<b>5 1/2", L-80</b>		<b>17</b>		<b>9235</b>		<b>7 7/8</b>		<b>1860sx</b>		<b>None</b>
<b>24. LINER RECORD</b>										
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	<b>25. TUBING RECORD</b>					
					SIZE	DEPTH SET	PACKER SET			
					<b>2 7/8", L-80</b>	<b>8451'</b>				
26. Perforation record (interval, size, and number)										
<b>8282-8422', .42, 36 holes</b> <b>7811-7952', .42, 36 holes</b> <b>7504-7642', .42, 40 holes</b>					27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL    AMOUNT AND KIND MATERIAL USED <b>7504-8422'</b> See C-103 for details					
<b>28. PRODUCTION</b>										
Date First Production <b>7/29/2014</b>		Production Method ( <i>Flowing, gas lift, pumping - Size and type pump</i> ) <b>2 1/2 x 2 x 20' pump</b>				Well Status ( <i>Prod. or Shut-in</i> ) <b>Producing</b>				
Date of Test <b>7/29/2014</b>	Hours Tested <b>24 hours</b>	Choke Size	Prod'n For Test Period	Oil - Bbl <b>17</b>	Gas - MCF <b>30</b>	Water - Bbl. <b>405</b>	Gas - Oil Ratio <b>1764</b>			
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl. <b>17</b>	Gas - MCF <b>30</b>	Water - Bbl. <b>405</b>	Oil Gravity - API - (Corr.) <b>38.70</b>				
29. Disposition of Gas ( <i>Sold, used for fuel, vented, etc</i> ) <b>Sold</b>							30. Test Witnessed By <b>Robert Chase</b>			
31. List Attachments										
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.										
33. If an on-site burial was used at the well, report the exact location of the on-site burial:										
Latitude _____ Longitude _____ NAD 1927 1983										
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief										
Signature <u>Deana Weaver</u>		Name <u>Deana Weaver</u>				Title <u>Production Clerk</u>		Date <u>8/26/14</u>		
E-mail Address <u>dweaver@mec.com</u>										

AUG 29 2014