Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	HOPET Minerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-005-20333
1301 W. Grand Ave., Artesia, NM 8821 0	MAR OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III I 000 Rio Brazos Rd., Aztec, NM 8741 0	MAR 2 5 41220 South St. Francis Dr.	STATE FEE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	RECEIVED	Federal NMNM119274
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR LISE "APPLI	DSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-104) FOR SUCH	Davis GWD
PROPOSALS.)		Peery SWD 8. Well Number
1. Type of Well: Oil Well	Gas Well Other SWD	4
2. Name of Operator Mack	Energy Corporation	9. OGRID Number 013837
3. Address of Operator	Zno.g, corporation	10. Pool Name or Wildcat
·	60 Artesia, NM 88210	SWD;Devonian
4. Well Location		
Unit Letter A	660 feet from the North line and	990 feet from the East line
Section 29	Township 15S Range 30E	NMPM County Chaves
	11. Elevation (Show whether DR, RKB, RT, GR en	(c.)
	3987' GR	
12 (1)	A THE STATE OF STATE	D 01 D
12. Check	Appropriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF IN	NTENTION TO: SU	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲 REMEDIALWO	
TEMPORARILY ABANDON		RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	NT JOB
DOWNHOLE COMMINGLE		
OTHER:	☐ OTHER:	MIT Test
13. Describe proposed or com	pleted operations. (Clearly state all pertinent details, a	
of starting any proposed v	vork). SEE RULE 1103. For Multiple Completions: A	Attach wellbore diagram of proposed completion
or recompletion.		
On March 18, 2015, Mack Energy attached chart.	y Corporation performed a scheduled MIT test on	the above mentioned well, please see the
attached chart.		
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 certary that the information above is true and complete to the best of my knowledge and benefit.		
Q_{11}	1.00	0.100 (4.5
SIGNATURE Yey W. Y	TITLE Production Clerk	DATE3/20/15
Type or print name Jerry W. Shern	rell E-mail address: jerrys@mec.c	om PHONE: (575)748-1288
For State Use Only		THORE, (C.C)
APPROVED BY: Self Xomanah TITLE Streff Manager DATE 3/31/2015		
Conditions of Approval (if any):]

