Submit 1 Copy To Appropriate District Office District I- (575) 393-6161 State of New Mexico Energy, Minerals and Natural Resources	Form C-103 Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II- (575) 748-1283 1301 W. Grand Ave., Artesia, NM 8821 0 OIL CONSERVATION DIVISION	30-025-41818 * 5. Indicate Type of Lease
District III- (505) 334-6178 1 000 Rio Brazos Rd., Aztec, NM 8741 0 1 220 South St. Francis Dr.	STATE STATE FEE
District IV- (505) 476-3460 Santa Fe, NM 8/505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	VO-9186
SUNDRY NOTICES 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 CLIPPER SUCE	7. Lease Name or Unit Agreement Name
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number 1
2. Name of Operator Mack Energy Corporation ✓ APR 2 8 2016	9. OGRID Number 013837
3. Address of Operator P.O. Box 960 Artesia, NM 88210 RECEIVED	10 Pool Name or Wildoot
4. Well Location	00000,7100
Unit Letter A 430 feet from the North line and	330 feet from the East line
Section 2 Township 26S Range 37E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR et	c.)
3023' GR	
12. Check Appropriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON ALTERING CASING PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE MULTIPLE COMPL CASING/CEMENT JOB OTHER: Extend APD 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 Completions: Attach wellbore diagram of proposed completion of-recompletion. Mack Energy Corporation would like a year extension on the Star State #1 APD. AMD AMD BADD CASINGES Mack Energy Corporation would like a gran extension on the Star State #1 APD. AMD Extend APD AMD Extend APD.	
I hereby certify that the information above is true slid complete to the best of my knowled	lge and belief.
	1
SIGNATURE Dearra Weaver TITLE Production Clerk	DATE 4.25.16
Type or print name Deana Weaver E-mail address: dweaver@me For State Use Only	c.com PHONE: <u>575-748-1288</u>
APPROVED BY: Conditions of Approvement any):	DATE

MAY 0 9 2016

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