

Submit 1 Copy To Appropriate District Office

District I- (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II- (575) 748-1283  
1301 W. Grand Ave., Artesia, NM 88210  
District III- (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV- (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103

Revised July 18, 2013

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 C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-27999
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Mack Energy Corporation		6. State Oil & Gas Lease No. VB-2006
3. Address of Operator P.O. Box 960 Artesia, NM 88210		7. Lease Name or Unit Agreement Name Pheasant State
4. Well Location Unit Letter L 1980 feet from the South line and 657 feet from the West line Section 34 Township 21S Range 35E NMPM County Lea		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR etc.) 3644' GR		9. OGRID Number 013837
		10. Pool Name or Wildcat San Simon; Bone Spring, NE

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF</b> PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>INT TO PA</b> <b>P&amp;A NR</b> <u>Pm</u> <b>P&amp;A R</b> <u>X</u>	<b>SUBSEQUENT REPORT OF:</b> REMEDIALWORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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 or recompletion.

7/12-14/2017 Circ @ 7618' w/ 330bbls salt water gel. Set 25sx cmt plug @ 7618', 35sx cmt plug @ 5753', WOC 4 hrs, tagged plug @ 5593', set 35sx cmt plug @ 4050'. Perforated 4 squeeze holes @ 1550'. Set packer @ 618'. Pumped 500sx cmt, circ 25sx out of 10 3/4 csg, pumped 8 bbls behind cmt to displacement. WOC 24 hrs.

7/15/2017 Pressured up on tbg and cmt plug to 500#, unset packer @ 618'. Tagged cmt @ 752'. Set 40sx cmt plug @ 120', circ 10sx to surface. Released Rig and Installed dry-hole marker.

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.

Restoration Due By 07-14-2018

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Deana Weaver TITLE Production Clerk DATE 7/19/17

Type or print name Deana Weaver E-mail address: dweaver@mec.com PHONE: 575-748-1288

For State Use Only

APPROVED BY: Mack White TITLE P.E.S. DATE 07/24/2017

Conditions of Approval (if any):