

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

2nd copy 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. 30-025-39673
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. E-6002
3. Address of Operator P.O. Box 960 Artesia, NM 88210		7. Lease Name or Unit Agreement Name B Lee State
4. Well Location Unit Letter <u>L</u> <u>2210</u> feet from the <u>South</u> line and <u>430</u> feet from the <u>West</u> line Section <u>7</u> Township <u>18S</u> Range <u>35E</u> NMPM County <u>Lea, NM</u>		8. Well Number 6
11. Elevation (Show whether DR, RKB, RT, GR etc.) 3976' GR		9. OGRID Number 013837
		10. Pool Name or Wildcat Vacuum; Blinbry- 61850

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: RE- Completion <input checked="" type="checkbox"/>	

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.

1/26-30/2017 Set CIBP @ 6809' w/ 35' cement on top. Perforated 6326-6489' w/ 40 holes. Acidize w/ 34 bbls 15% Acid.
2/2-3/2017 Set plug @ 6318'. Perforated 6112-6305.5 w/ 40 holes. Frac w/ 4659 bbls 20# x-link gel, 5069 bbls 20# liner gel.
49.960# 100 Mesh, 277.251# 40/70 WS, 60.680# 30/50 SLC. Tagged plug @ 6318', drilled out plug.
2/6-7/2017 Tag cmt @ 6774'. RIH w/ 212 jts 2 7/8" L-80 tubing, SN @ 6480', 2 1/2 x 2 x 20' pump.

HOBBS OCD

OCT 03 2017

RECEIVED.

Spud Date:

1/24/2017

Rig Release Date:

2/7/2017

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

2.22.17

Type or print name Deana Weaver

E-mail address: dweaver@mcc.com

PHONE: 575-748-1288

For State Use Only

APPROVED BY:

Karen Sharp

TITLE

Staff Mgr

DATE

10-3-17

Conditions of Approval (if any):