<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720

State of New Mexico Energy, Minerals and Natural Resources

Form C-103

No. French Dr., Hobbs, NM 88240 State of New Mexico				August 1, 2011 Permit 172748											
811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720			WELL API NUMBER												
District III 1000 Rio Brazos Rd., Aztec, NM 87410	Oil Co	Oil Conservation Division 1220 S. St Francis Dr.				30-015-41098 5. Indicate Type of Lease F									
District IV 1220 S. St Francis Dr., Santa Fe, NM 87505															
Phone:(505) 476-3470 Fax:(505) 476-3462	San	Santa Fe, NM 87505			6. State Oil & Gas Lease No.										
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: O 2. Name of Operator MACK ENERGY CORP					7. Lease Name or Unit Agreement Name RAZORBACK FEDERAL 8. Well Number 007 9. OGRID Number 13837										
								3. Address of Operator PO Box 960, 11344	Lovington Hwy, Ar	tesia, NM 882	211		10. Poo	ol name or W	Vildcat
								4. Well Location							
Unit Letter F : 1372 fee	et from the N	line and	1331	feet from the	W	line									
Oint Detter 1 . 13/2 IR			311	F. NMPM		Eddy									

Pit or Below-grade Tank Application or Clos	osure				
Pit Type Depth to Groundwater	Distance from nearest fr	esh water well Distance from neares	surface water		
Pit Liner Thickness: mil	Below-Grade Tank: Volume_	bbls; Construction Material			
12. Check Appr	ropriate Box to Indicate	Nature of Notice, Report or Oth	ner Data		
NOTICE OF INTENT	TION TO:	SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK [PL	UG AND ABANDON [REMEDIAL WORK	ALTER CASING		
TEMPORARILY ABANDON CH	HANGE OF PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDON		
PULL OR ALTER CASING MU	ULTIPLE COMPL	CASING/CEMENT JOB			
Other:		Other: Spud	D		

11. Elevation (Show whether DR, KB, BT, GR, etc.) 3749 GR

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

9/2/2013 Spudded well.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been will be constructed or closed according to NMOCD guidelines \square , a general permit \square or an (attached) alternative OCD-approved plan \square . DATE 9/4/2013 SIGNATURE Electronically Signed TITLE Production Clerk Type or print name Jerry Sherrell E-mail address jerrys@mec.com Telephone No. 505-748-1288 For State Use Only: APPROVED BY: Randy Dade TITLE District Supervisor DATE 9/4/2013