

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

30-015-04872

DISTRICT I
P.O. Box 1980, Hobbs NM 88240

DISTRICT II
811 South First, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, New Mexico 87505

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|--|
| WELL API NO. SEE ATTACHED |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. LC-029492 A |

| | |
|--|--|
| 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). | |
| 1. Type Of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | RECEIVED OCT 18 2005 |
| 2. Name of Operator Mack Energy Corporation | RECEIVED OCT 26 2005 |
| 3. Address of Operator P.O. Box 960, Artesia, NM 88211-0960 | OCU-ARTESIA |
| 4. Well Location Unit Letter _____ Feet From The _____ Line and _____ Feet From The _____ Line Section 25 Township 16S Range 31E NMPM Eddy County | 7. Lease Name or Unit Agreement Name #3 Moray Federal - 35208 |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | 8. Well No. 9. Pool name or Wildcat Grayburg Jackson SR Q G SA |

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: _____ Name Change ☒

12. 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.

SEE ATTACHED for name change on above referenced lease effective 9/1/05.

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

SIGNATURE Crissa D. Carter TITLE Production Analyst DATE 10/17/05

TYPE OR PRINT NAME Crissa D. Carter TELEPHONE NO. 748-1288

(This space for State Use)

APPROVED BY TIM W. GUM DISTRICT II SUPERVISOR TITLE _____ DATE NOV 03 2005

CONDITIONS OF APPROVAL, IF ANY.

| API# | OLD NAME | NEW NAME | POOL | TWNSP | RNG | SEC | UNIT | COUNTY |
|--------------|-------------|------------------|----------------------------|-------|-----|-----|------|--------|
| 30-015-04879 | Robinson #1 | Moray Federal #1 | Grayburg Jackson;SR-Q-G-SA | 16S | 31E | 25 | K | Eddy |
| 30-015-04870 | Robinson #2 | Moray Federal #2 | Grayburg Jackson;SR-Q-G-SA | 16S | 31E | 25 | L | Eddy |
| 30-015-04872 | Robinson #3 | Moray Federal #3 | Grayburg Jackson;SR-Q-G-SA | 16S | 31E | 25 | O | Eddy |
| 30-015-04873 | Robinson #4 | Moray Federal #4 | Grayburg Jackson;SR-Q-G-SA | 16S | 31E | 25 | N | Eddy |
| 30-015-04875 | Robinson #7 | Moray Federal #7 | Grayburg Jackson;SR-Q-G-SA | 16S | 31E | 25 | M | Eddy |
| 30-015-21589 | Robinson #8 | Moray Federal #8 | Grayburg Jackson;SR-Q-G-SA | 16S | 31E | 25 | N | Eddy |