

District I

1625 N. French Dr., Hobbs, NM 88240
Phone:(505) 393-6161 Fax:(505) 393-0720

District II

1301 W. Grand Ave., Artesia, NM 88210
Phone:(505) 748-1283 Fax:(505) 748-9720

District III

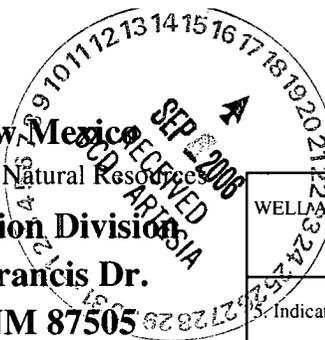
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV

1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
Permit 38122



	WELL/API NUMBER 30-015-35011
	5. Indicate Type of Lease S
	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 DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name CHIEF STATE
	8. Well Number 001
1. Type of Well:G	9. OGRID Number 13837
2. Name of Operator MACK ENERGY CORP	10. Pool name or Wildcat
3. Address of Operator PO Box 960 , , 11352 Lovington Hwy Artesia , NM 88211	
4. Well Location Unit Letter <u>D</u> : <u>660</u> feet from the <u>N</u> line and <u>660</u> feet from the <u>W</u> line Section <u>28</u> Township <u>18S</u> Range <u>23E</u> NMPM <u>Eddy</u> County	
11. Elevation (Show whether DR, KB, BT, GR, etc.) 4020 GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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

<p style="text-align: center;">NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>Other: _____</p>	<p style="text-align: center;">SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>Other: Drilling/Cement <input checked="" type="checkbox"/></p>
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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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

8/4/2006 Spud 17 1/2 hole @ 10:15pm.
8/5/2006 TD 17 1/2 hole @ 450'. Ran 11jts 13 3/8 H-40 48# @ 443', Cmt w/180sx H, 300sx C, 500sx C, 2%CC, plug down 7:00am, circ 275sx. WOC 18 hrs tested to 1800# 30min-OK.
8/7/2006 TD 12 1/4 hole @ 1435'.
8/8/2006 Ran 32jts 9 5/8 36# J-55 @ 1435', Cmt w/180sx H, 800sx C, 200sx C, 2% CC+1/4#CF, plug down @ 7:15am, Ran temp survey TOC @ 425'. Set 2 50sx plugs and circ 20sx to surface,
8/9/2006 WOC 12 hrs tested to 600# 30min-OK. *min woc is 18 hours*
8/4/2006 Spudded well.

Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
08/05/06	Surf	FreshWater	17.5	13.375	48	H-40	0	443	980		C	1800	0	0	Y
08/08/06	Int1	FreshWater	12.25	9.625	36	J-55	425	1435	1180		C	600	0	0	Y
08/08/06	Int1	FreshWater	12.25	9.625	36	J-55	0	1435	150		C	425	600	0	Y

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 , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Electronically Signed _____ TITLE Production Clerk DATE 9/18/2006
Type or print name Jerry Sherrell E-mail address jerrys@mackenergycorp.com Telephone No. 505-748-1288

For State Use Only:
APPROVED BY: _____ TITLE _____ DATE **SEP 18 2006**

FOR RECORDS ONLY