

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

<p style="text-align: center;"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p>(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.)</p> <p>1. Type of Well: G</p> <p>2. Name of Operator <b>MACK ENERGY CORP</b></p> <p>3. Address of Operator <b>PO Box 960 , , 11352 Lovington Hwy Artesia , NM 88211</b></p> <p>4. Well Location Unit Letter <b>D</b> : <b>660</b> feet from the <b>N</b> line and <b>660</b> feet from the <b>W</b> line Section <b>28</b> Township <b>18S</b> Range <b>23E</b> NMPM <b>Eddy</b> County</p> <p>11. Elevation (Show whether DR, KB, BT, GR, etc.) <b>4020 GR</b></p> <p>Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/></p> <p>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____</p> <p>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____</p>		<p>WELL API NUMBER <b>30-015-35011</b></p> <p>5. Indicate Type of Lease <b>S</b></p> <p>6. State Oil &amp; Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name <b>CHIEF STATE</b></p> <p>8. Well Number <b>001</b></p> <p>9. OGRID Number <b>13837</b></p> <p>10. Pool name or Wildcat</p>
---	--	--

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
<p style="text-align: center;"><b>NOTICE OF INTENTION TO:</b></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;"><b>SUBSEQUENT REPORT OF:</b></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: <b>Drilling/Cement</b> <input checked="" type="checkbox"/></p>

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	Y
08/08/06	Int1	FreshWater	12.25	9.625	36	J-55	425	1435	1180		C		600	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 NMOC 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

**FOR RECORDS ONLY**

**SEP 18 2006**