Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| District Office | Energy, Willerars and Nati | iiai Keso | arces Department | | Revis | sed 1-1-89 | |
|--|--|-----------------------|---|--|--|------------------------|--|
| DISTRICT I P.O. Box 1980, Hobbs NM 88240 | OIL CONSERVATION DIVISION 2040 South Pacheco | | | WELL API NO. | | | |
| <u>DISTRICT II</u> | Santa Fe, New | | 87505 | 30-015-3284 | | · . | |
| 811 South First, Artesia, NM 88210 DISTRICT III | | 30 | 56789707 | 5. Indicate Type | STATE STATE | FEE 🗆 | |
| 1000 Rio Brazos Rd, Aztec, NM 87410 | / | /23 | A 10,775 | 6. State Oil & G B-2613 | as Lease No. | | |
| SUNDRY NO | TICES AND REPORTS | N WEL | P 2003 | The state of the s | Control of the Contro | | |
| (DO NOT USE THIS FORM FOR PR DIFFERENT RES | OPOSALS TO DRILL OR TO DE SERVOIR. USE "APPLICATION" I C-101) FOR SUCH PROPOSALS | EPEN OR | PEUGBACK TO A FOR TO A TO | 7. Lease Name of | or Unit Agreement N | Vame | |
| 1. Type Of Well: | | 123 | ***/ | / | | | |
| OIL GAS WELL | OTHER | /c.g. | 3227223 | Willow State | | | |
| 2. Name of Operator Mack Energy Corporation | | | 013533 | 8. Well No. | | | |
| 3. Address of Operator | | | | 9. Pool name or | | | |
| P.O. Box 960, Artesia, NM 88211- | 0960 | | | Fren Paddock | | | |
| | O Feet From The So | outh | Line and | Feet Fro | om TheE | ast Line | |
| 16 | 179 | | 215 | | Eddy | | |
| Section | Township 17/S 10. Elevation (Show w | Range whether DF, | · · · · · · · · · · · · · · · · · · · | NMPM 75-78-19-1 | Eddy | County | |
| | | 3854 | ' GR | | | Charles and the second | |
| 11. Check A | Appropriate Box to Indi | cate Na | ture of Notice, 1 | Report, or Oth | er Data | | |
| NOTICE OF INT | TENTION TO: | | SU | BSEQUENT | REPORT OF | : | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | F | REMEDIAL WORK | | ALTERING CAS | SING | |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DRILLIN | NG OPNS. | PLUG AND ABA | ANDONMENT | |
| PULL OR ALTER CASING | CASING TEST AND CI | | | CEMENT JOB | | | |
| OTHER: | OTHER | | | Compl | Completion | | |
| 12. Describe Proposed or Completed Owork) SEE RULE 1103. | perations (Clearly state all pertiner | nt details, an | nd give pertinent dates, i | ncluding estimated da | te of starting any prop | posed | |
| 07/22/2003 Drill out DV tool. 07/23/2003 Perforated 5012-5257' 07/24/2003 Acidized w/2500 gals 1 07/25/2003 Reacidized w/32,000 ga 07/26/2003 RIH w/172 joints 2 7/8" | 5% NEFE. .ls 20%, 54,000 gals 40# gel | | | 500 gals fresh wa | ter flush. | | |
| I hereby certify that the information above is true SIGNATURE | Crissa | dge and belie TITLE . | Product | ion Analyst | DATE | 9/4/2003 | |
| | W. Gum | TIME P | SUPERVIS | OR, DISTRICT I | SEI | P 0 8 200 3 | |
| APPROVED BY——— | | TITLE - | | | | | |