

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) 476-3462State of New Mexico
Energy, Minerals and Natural ResourcesOil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NUMBER 30-015-38110
1. Type of Well: O		5. Indicate Type of Lease F
2. Name of Operator MACK ENERGY CORP		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 960, 11352 LOVINGTON HWY, ARTESIA, NM 88211		7. Lease Name or Unit Agreement Name RATTLE TRAP FEDERAL
4. Well Location Unit Letter <u>D</u> : <u>180</u> feet from the <u>N</u> line and <u>180</u> feet from the <u>W</u> line Section <u>24</u> Township <u>20S</u> Range <u>25E</u> NMPM <u>Eddy</u> County		8. Well Number 001
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3395 GR		9. OGRID Number 13837
Pit or Below-grade Tank Application ☐ or Closure ☐ 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 _____		10. Pool name or Wildcat

12. 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 OF PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

Other:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐CASING/CEMENT JOB ☐Other: Spud ☒

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.

8/28/2010 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 ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed TITLE Production Clerk DATE 8/30/2010

Type or print name Jerry Sherrell E-mail address jerrys@mackenergycorp.com Telephone No. 505-748-1288

For State Use Only:

APPROVED BY: Randy Dade TITLE District Supervisor DATE 8/31/2010