

Santa Fe Main Office

Phone: (505) 476-3441 Fax: (55) 476-3462

General Information

Phone: (505) 629-6116

Online Phone Directory Visit:

<https://www.emnrd.nm.gov/ocd/contact-us/>State of New Mexico
Energy, Minerals and Natural ResourcesForm C-103
Revised July 18, 2013OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505WELL API NO.
30-025-259915. Indicate Type of Lease
STATE ☐ FEE ☐6. State Oil & Gas Lease No.
VB-13257. Lease Name or Unit Agreement Name
Shetland SWD

8. Well Number 1

9. OGRID Number
01383710. Pool name or Wildcat
SWD; Wolfcamp

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 ☐ Gas Well ☐ Other **SWD**2. Name of Operator
Mack Energy Corporation3. Address of Operator
P.O. Box 960 Artesia, NM 88211-09604. Well Location
Unit Letter **K**: **1980** feet from the **South** line and **1980** feet from the **West** line
Section **18** Township **18S** Range **35E** NMPM County **Lea**11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3964' GR

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 PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐OTHER: ☒

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

A successful Mechanical Integrity Test was performed on the referenced well on 8/6/2024. A representative from the NM OCD was present to witness the test.

Spud Date:

Rig Release Date:

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

SIGNATURE Delilah Flores TITLE Regulatory Technician I DATE 8/7/2024Type or print name Delilah Flores E-mail address: delilah@mec.com PHONE: 575-748-1288
For State Use OnlyAPPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____



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Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 371443

CONDITIONS

Operator: MACK ENERGY CORP P.O. Box 960 Artesia, NM 882110960	OGRID: 13837
	Action Number: 371443
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	12/4/2024