

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB No 1004-0137
Expires July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form proposals to drill or to re-enter an
abandoned well. Use Form 3160-3 (APD) for such proposals.5. Lease Serial No
NM-0558263A

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Mack Energy Corporation

3a. Address

P.O. Box 960 Artesia, NM 88210-0960

3b. Phone No. (include area code)

(575) 748-1288

4. Location of Well (Footage, Sec., T.R.M. or Survey Description)

1980 FSL & 800 FEL Sec. 22 T18S R24E

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No
Southern Cross 22 Fed Com 29. API Well No
30-015-31475

10. Field and Pool or Exploratory Area

Penasco Draw; Permo Penn (Gas)

11. Country or Parish, State

EDDY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input checked="" type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

7/08/2005 Set CIBP @ 7950' w/ 35' cmt cap (Morrow). Perforated 6716-6868', 54 holes.

7/11/2005 Acidized w/ 1,500 gals 15% NEFE.

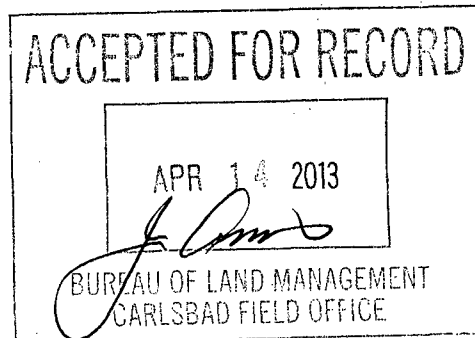
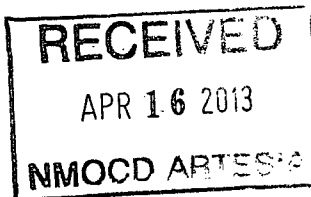
7/12/2005 Set CIBP @ 6690' w/ 35' cmt cap. Perforated 6271-6445', 50 holes.

7/13/2005 Acidized w/ 2,00 gals 15% NEFE.

7/18/2005 Bonnet back on well head.

Accepted for record
NMOC

CRSade 4/17/13



14. I hereby certify that the foregoing is true and correct. Name (Printed Typed)

Deana Weaver

Title Production Clerk

Signature

Deana Weaver

Date

9.17.12

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

Provide to record or exception

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SCANNED

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

FORM APPROVED
OMB NO. 1004-0137
Expires: July 31, 2010

1a. Type of Well ☐ Oil Well ☒ Gas Well ☐ Dry ☐ Other
b. Type of Completion. ☐ New Well ☐ Work Over ☐ Deepen ☒ Plug Back ☐ Diff. Resvr.
Other.

2. Name of Operator
Mack Energy Corporation

3. Address
P.O. Box 960 Artesia, NM 88210

3a. Phone No. (include area code)
(575) 748-1288

4. Location of Well (Report location clearly and in accordance with Federal requirements)*

At surface 1980' FSL & 800' FEL

At top prod. interval reported below

At total depth

14. Date Spudded
1/31/2001

15. Date T.D. Reached
2/17/2001

16. Date Completed
7/18/2005
☐ D&A ☒ Ready to Prod

17. Elevations (DF, RKB, RT, GR)*
3732' GR

18. Total Depth: MD
TVD 8650

19. Plug Back T.D.: MD
TVD 6655'

20. Depth Bridge Plug Set: MD
TVD 6690'

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)

22. Was well cored? ☒ No ☐ Yes (Submit analysis)
Was DST run? ☒ No ☐ Yes (Submit report)
Directional Survey? ☒ No ☐ Yes (Submit copy)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (lb/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
12 1/4	J-55	32	0	1214		850sx		0	
7 7/8	N-80	11.6	0	8650		1450sx		3480	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
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25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) Morrow	8366	8450			144	CIBP @ 8340
B) Upper Morrow	8042	8078			66	CIBP @ 7950
C) Cisco	6716	6818			54	CIBP @ 6690'
D) Cisco	6271	6476			110	Producing

27. Acid, Fracture, Treatment, Cement Squeeze, etc.

Depth Interval	Amount and Type of Material
6716-6868	See 3160-5 for details
6271-6445	See 3160-5 for details

28. Production Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
9/1/05	10/1/05	24	→	0	5	0		0.600	Flowing
Choke Size	Tbg. Press. Flwg. SI	Csg. Press	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→	0		0		Producing	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→						

*(See instructions and spaces for additional data on page 2)

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28a. Production - Interval C									
Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Con API	Gas Gravity	Production Method
Choke Size	Fig. Press Flowg. SI	Csg. Press	24 Hr Rate →	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

28c. Production - Interval D									
Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Con API	Gas Gravity	Production Method
Choke Size	Fig. Press Flowg. SI	Csg. Press	24 Hr Rate →	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

29 Description of Gas (Sd and for fluid, water, etc.)

Sold

30. Summary of Porous Zones (Include Aquifers)

Show all important zones of porosity and contents thereof. Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc	Name	Top
					Meas Depth
				San Andres	880
				Clearfork	2300
				ABO	3910
				Wolfcamp	5040
				Cisco	6270
				Atoka	8140
				Morrow	8360
				Miss	8450

32. Additional remarks (include plugging procedure)

33. Indicate which items have been attached by placing a check in the appropriate boxes

- ☐ Electrical/Mechanical Logs (1 full set req'd)
 ☐ Geologic Report
 ☐ DST Report
 ☐ Directional Survey
- ☐ Summary Notice for plugging and cement certification
 ☐ Core Analysis
 ☐ Other

34. I hereby certify that the foregoing and attached information is complete as determined from all available records (see attached instruction)*

Name (please print) Deana Weaver

Signature Deana Weaver

Title Production Clerk

Date 9.14.12

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for my person knowingly and willfully to make to my department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

(Continued on page 3)

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(Form 3160-1, page 2)