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 I P.O. Box 1980, Hobbs NM 88240

OIL CONSERVATION DIVISION 2040 South Pacheco

WELL API NO.

DISTRICT II	Santa Fe, New Mexico 87505		30-015-31598			
811 South First, Artesia, NM 88210  DISTRICT III			5. Indicate Type of L	ease STATE	FEE	
1000 Rio Brazos Rd, Aztec, NM 87410			6. State Oil & Gas Le			
SUNDRY NOT	ICES AND REPORTS C	NI WELLS			Sand Sand Sec.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			A 7 N			
DIFFERENT RESE (FORM (	ERVOIR. USE "APPLICATION : C-101) FOR SUCH PROPOSALS	FOR PERMIT"	7. Lease Name or Uni	it Agreement Name		
1. Type Of Well: Oll GAS WELL GAS	OTHER		Elk 22 Federal	00.		
2. Name of Operator				28070		
Mack Energy Corporation  3. Address of Operator			8. Well No.		· · · · · · · · · · · · · · · · · · ·	
P.O. Box 960 Artesia, N. M. 88211-0960				9. Pool name or Wildcat		
4. Well Location	Loco Hills Paddoc	Loco Hills Paddock				
Unit Letter D:660	Feet From The No	rth Line and	660 Feet From Th	e West	Line	
Section 22	Township 16S	Range 28E hether DF, RKB, RT, GR, etc	nmpm I	E <b>ddy</b>	County	
	) <b>**</b> *** <b>** ** ** ** ** **</b>	<b>建建筑</b>				
11. Check A	ppropriate Box to Indic	ate Nature of Notice	Report or Other D	ata		
NOTICE OF INTE	ENTION TO:		SUBSEQUENT REF			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	C AL	TERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	LING OPNS PLI	UG AND ABANDONI	MENT [	
PULL OR ALTER CASING		CASING TEST AN	D CEMENT JOB			
OTHER:		OTHER	Name Chang	e	🛭	
12. Describe Proposed or Completed Ope	erations (Clearly state all pertinent	details, and give pertinent date	es, including estimated date of sta	arting any proposed		
Mack Energy Corporation is changing	the name of the Elk 22 Fed	eral Com #1 to the File 3	22 Federal #1			
			2 rederat #1.			
Effective DAT	E 5-1-01		3141576 17 18 19 203			
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I hereby certify that the information above is true and	complete to the best of my knowledge	and belief.				
SIGNATURE (LIBOA)	att	TITLE Produc	ction Analyst	DATE5/17/0	1	
TYPE OR PRINT NAME			1	TELEPHONE NO.		

TITLE -

(This space for State Use)

APPROVED BY-

Lim W. Jum

SUPERVISOR, DISTRICT II

MAY 8 : 2001

DATE

CONDITIONS OF APPROVAL, IF ANY