Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Ener~ ~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
Santa Fe, New Mexico 87505

DISTRICT II
811 South First, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.
30-015-30831

5. Indicate Type of Lease   STATE ☒   FEE ☐
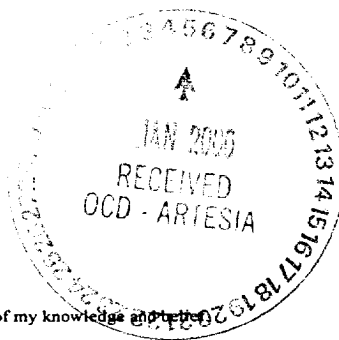
6. State Oil & Gas Lease No.
B-936

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).

7. Lease Name or Unit Agreement Name

Harper State

1. Type Of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

2. Name of Operator
Mack Energy Corporation

8. Well No.
1

3. Address of Operator
P.O. Box 960 Artesia, NM 88211-0960

9. Pool name or Wildcat
Loco Hills Paddock

4. Well Location

Unit Letter __P__ : __430__ Feet From The __South__ Line and __330__ Feet From The __East__ Line

Section __16__   Township __17S__   Range __30E__   NMPM   Eddy, NM   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3677

11.   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 ☐

OTHER: _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER __Spud & Cement Casing__ ☐

12. 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.

12/11/1999 Spud 17 1/2" hole @ 3:00PM.

12/12/1999 TD at 4:25AM @ 447'. RIH with 10 jts 13 3/8" 54.5# K-55 ST&C set at 445', Cemented w/450sx Class C 2% CaCl, plug down 10:40AM, Ready mix to surface.

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

SIGNATURE _Crissa D. Carter_   TITLE _Production Analyst_   DATE _1/4/00_

TYPE OR PRINT NAME   Crissa D. Carter   TELEPHONE NO. (505)748-1288

(This space for State Use)

APPROVED BY _Jim W. Gray_   TITLE _District Supervisor_   DATE _1-5-,00_

CONDITIONS OF APPROVAL, IF ANY: