OFFICE FOR NUMBER Modified Form No. Form 3160--5 UNITED STATES

OF COPIES REQUIRED

DEPARTMENT OF THE INTERIOR (Other Instructions on UNITED STATES (July 1989) (Formerly 9-331) NM060-3160-4 5. LEASE DESIGNATION AND SERIAL NO. BUREAU OF LAND MANAGEMENT NM015068 G. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS (No not use this form for proposals to drill or to deepen or plug back to a Use "APPLICATION FOR PERMIT-" for such proposals.) 7. UNIT AGREEMENT NAME WELL X OTHER 2. NAME OF OPERATOR 8. FARM OR LEASE NAME 3a. Area Code & Phone No. Mack Energy Corporation (505) 748-3436 Wilson Federal 9. WELL NO. P.O. Box 276, Artesia, New Mexico 88211-0276
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*
See also space 17 below.)
At surface #1 10. FIELD AND POOL, OR WILDCAT Turkey Tract-7R-QN-GB-SA 11. SHC., T., R., M., OR BLK. AND SURVEY OR ARMA Unit H, 990 Feet From the E Line and 2310 Feet From the N Line Sec. 35-T18S-R29E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE Eddy NM 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSECUENT EMPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING REPAIRING WELL ALTERING CASING SHOOT OR ACIDIZE SHOOTING OR ACIDIZING Change of operator REPAIR WEST (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) SCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and mensured and true vertical depths for all markers and zones pertinent to this work.). RECEIVED Change of operator from: Metex Pipe & Supply P.O. Box 1037 NOV 1 8 1991 Artesia, New Mexico 88211-1037 O. C. D. Mack Energy Corporation To: ARTESIA, OFFICE P.O. Box 276 Artesia, New Mexico 88211-0276 Effective date of change: August 1, 1991 8. I hereby certify that, the foregoing is true and correct TITLE Production Clerk SIGNED (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

CONTACT RECEIVING

BIM Roswell District