

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

DISTRICT II  
811 South First, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd. Aztec, NM 87410

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, New Mexico 87505

WELL API NO. 30-015-23086
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-6512
7. Lease Name or Unit Agreement Name Slammin Sam State 31961
8. Well No. 1
9. Pool name or Wildcat Runyan Ranch; Abo
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 ☐

2. Name of Operator  
Mack Energy Corporation

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

4. Well Location  
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line  
Section 9 Township 19S Range 23E NMPM Eddy County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input checked="" type="checkbox"/> Name Change

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.

Change well name from Tres Amigos #1 to the Slammin Sam State #1 effective 2/1/03.

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 2/7/03

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

(This space for State Use)

APPROVED BY Jim A. Gentry TITLE District Supervisor DATE FEB 11 2004

CONDITIONS OF APPROVAL, IF ANY