	OCD		
	Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
	District L (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resource	WELL API NO.
	District II- (575) 748-1281 1301 W. Grand Ave., Artesia, NM 8821 0	OIL CONSERVATION DIVISION	30-025-39673
	<u>District III</u> - (505) 334-6178 1 000 Rio Brazos Rd., Aztec, NM 8741 0	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
	District IV- (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
	87505		E-6002
	(DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
/	PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FOR SUCH Gas Well Other	B Lee State 8. Well Number 6
,	1. Type of Well: Oil Well 2. Name of Operator	Gas Well Other	9. OGRID Number
/	Mack	Energy Corporation	013837
	3. Address of Operator	CO Autorio NIM 99210	10. Pool Name or Wildcat
	4. Well Location	60 Artesia, NM 88210	Vacuum;Blinebry(61850)
/	Unit Letter L		d 430 feet from the West line
	Section 7	Township 18S Range 35E	NMPM County Lea
		11. Elevation (Show <i>whether DR, RKB, RT, G.</i> 3976' GR	R etc.)
		3770 010	
	12. Check	Appropriate Box to Indicate Nature of No	tice, Report or Other Data
	NOTICE OF IN PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐	PLUG AND ABANDON REMEDIAL	
	PULL OR ALTER CASING	MULTIPLE COMPL CASING/CE	
	DOWNHOLE COMMINGLE		
	CLOSED-LOOP SYSTEM U	P&A Move up Hole 🖂 OTHER:	П
	13. Describe proposed or comp	pleted operations. (Clearly state all pertinent detail	ls, and give pertinent dates, including estimated date pletions: Attach wellbore diagram of proposed completion
	Mack Energy Corporation propos	es to do the following work:	
	1 POT - / - 1 1 / 1 '-	C 40	and I
1. POH w/rods and tubing 2. Place CIBP @ 7898' w/35' cement cap(top of Abo).			
3. Perforate interval 6030-6530'. Acidize and Frac perfs.			
	4. Swab and evaluate.4. Put well back on production.		
	4. Put wen back on production.		
	Soud Date:	Pi- Pulson Puter	
	Spud Date:	Rig Release Date:	
	I hereby certify that the information above is true slid complete to the best of my knowledge and belief.		
	SIGNATURE Juny W.	Shew TITLE Production Clerk	DATE1/13/17
	Type or print name Jerry W. Sherr	E-mail address: jerrys@me	PHONE: 575-748-1288
For State Use Only AD/TT			
	APPROVED BY: Conditions of Approval (if any):	TITLE VE II	DATE ///8/2017