

Submitt 3 Copies To Appropriate District
Office
District I
1625 N French Dr, Hobbs, NM 88240
District II
1301 W Grand Ave, Artesia, NM 88210
District III
1000 Rio Brazos Rd, Aztec, NM 87410
District IV
1220 S St Francis Dr, Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
May 27, 2004

WELL API NO. <input checked="" type="checkbox"/> 30-025-39093
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VB-1009
7. Lease Name or Unit Agreement Name Jupiter State
8. Well Number 1
9. OGRID Number 13837
10. Pool name or Wildcat Cerca Upper Penn

RECEIVED
DEC 24 2008
HOBSOCD

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO CHANGE A WELL OR TO
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 33 Township 13S Range 34E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4151' GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. 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"/>	CASING/CEMENT JOB <input type="checkbox"/>
	P AND A <input checked="" type="checkbox"/>
	OTHER: _____ <input type="checkbox"/>

13 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12/8/2008 Set CIBP @ 10,400' w/35' cement cap. Free point 5 1/2" stuck @ 5165', free @ 5150'.
12/9/2008 RIH open ended, circ gel, pump 100' plug @ 9390'.
12/10/2008 Tag @ 9250'. Shoot squeeze holes @ 6305'. RIH to 6360' and spot 25sx. Pulled up to 6000' and pressured up to 500 psi, held. Cut 5 1/2" off @ 5100'. Layed down 61 jts.
12/11/2008 Finished laying down 5 1/2" casing. Spot 35sx @ 5149' WOC and tag @ 4924', spot 50sx plug @ 4424'.
12/12/2008 Tag @ 4236', spot 35sx plug @ 2225', spot 35sx plug @ 1480', spot 35sx plug @ 435' WOC tag @ 260', pulled up to 63' and circulated cement to surface. Building dry hole marker.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103. (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms, www.emnrd.state.nm.us/oed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Jerry W. Sherrell TITLE Production Clerk DATE 12/23/08

Type or print name Jerry W. Sherrell E-mail address: jerrys@mackenergycorp.com Telephone No. (575)748-1288
For State Use Only

APPROVED BY: Jerry W. Hill TITLE OCD DISTRICT SUPERVISOR/GENERAL MANAGER DATE DEC 31 2008
Conditions of Approval (if any):