

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-101
August 1, 2011
Permit 244763

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

1. Operator Name and Address MACK ENERGY CORP PO Box 960 Artesia, NM 88211		2. OGRID Number 13837
4. Property Code 320083		3. API Number 30-005-64303
5. Property Name MEDICINE HAT STATE COM		6. Well No. 001H

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
M	35	15S	28E	M	200	S	900	W	Chaves

8. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
D	35	15S	28E	D	40	N	965	W	Chaves

9. Pool Information

ROUND TANK;SAN ANDRES	52770
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Additional Well Information

11. Work Type New Well	12. Well Type OIL	13. Cable/Rotary	14. Lease Type State	15. Ground Level Elevation 3577
16. Multiple N	17. Proposed Depth 7803	18. Formation San Andres	19. Contractor	20. Spud Date 1/1/2018
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

☒ We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surf	17.5	13.375	48	500	450	0
Int1	12.25	9.625	36	1500	560	0
Prod	7.875	5.5	17	7803	1700	0

Casing/Cement Program: Additional Comments

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22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Double Ram	3000	3000	

23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify I have complied with 19.15.14.9 (A) NMAC ☒ and/or 19.15.14.9 (B) NMAC ☒ if applicable. Signature:	OIL CONSERVATION DIVISION
Printed Name: Electronically filed by Jerry Sherrell	Approved By: Raymond Podany
Title: Production Clerk	Title: Geologist
Email Address: jerrys@mec.com	Approved Date: 12/4/2017 Expiration Date: 12/4/2019
Date: 11/28/2017 Phone: 575-748-1288	Conditions of Approval Attached

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Form C-102
 August 1, 2011
 Permit 244763

WELL LOCATION AND ACREAGE DEDICATION PLAT

1. API Number 30-005-64303	2. Pool Code 52770	3. Pool Name ROUND TANK;SAN ANDRES
4. Property Code 320083	5. Property Name MEDICINE HAT STATE COM	6. Well No. 001H
7. OGRID No. 13837	8. Operator Name MACK ENERGY CORP	9. Elevation 3577

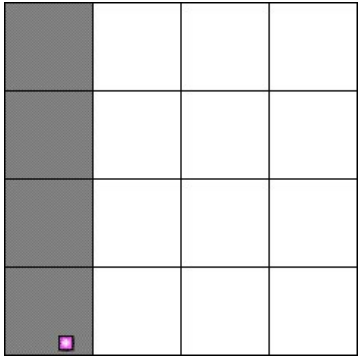
10. Surface Location

UL - Lot M	Section 35	Township 15S	Range 28E	Lot Idn M	Feet From 200	N/S Line S	Feet From 900	E/W Line W	County Chaves
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11. Bottom Hole Location If Different From Surface

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
12. Dedicated Acres 160.00	13. Joint or Infill			14. Consolidation Code			15. Order No.		

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i>		
	E-Signed By: Jerry Sherrell Title: Production Clerk Date: 11/28/2017		
	SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i>		
	Surveyed By: Filimon Jaramillo Date of Survey: 10/26/2017 Certificate Number: 12797		

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Form APD Comments

Permit 244763

PERMIT COMMENTS

Operator Name and Address: MACK ENERGY CORP [13837] PO Box 960 Artesia, NM 88211		API Number: 30-005-64303
		Well: MEDICINE HAT STATE COM #001H

Created By	Comment	Comment Date
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Form APD Conditions

Permit 244763

PERMIT CONDITIONS OF APPROVAL

Operator Name and Address: MACK ENERGY CORP [13837] PO Box 960 Artesia, NM 88211		API Number: 30-005-64303
		Well: MEDICINE HAT STATE COM #001H
OCD Reviewer	Condition	
RPodany	Will require a directional survey with the C-104	
RPodany	Cement is required to circulate on both surface and intermediate1 strings of casing	