

<b>District I</b> 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 <b>District II</b> 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 <b>District III</b> 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 <b>District IV</b> 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b> <b>Oil Conservation Division</b> <b>1220 S. St Francis Dr.</b> <b>Santa Fe, NM 87505</b>	Form C-103 August 1, 2011 Permit 342535 WELL API NUMBER 30-005-64366 5. Indicate Type of Lease State 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name KLONDIKE STATE COM																																																																																
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1. Type of Well: Oil		8. Well Number 002H																																																																																
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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 <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .																																																																																		
<table style="width:100%;"> <tr> <td>SIGNATURE</td> <td>Electronically Signed</td> <td>TITLE</td> <td>Regulatory Supervisor</td> <td>DATE</td> <td>6/21/2023</td> </tr> <tr> <td>Type or print name</td> <td>Jerry Sherrell</td> <td>E-mail address</td> <td>jerrys@mec.com</td> <td>Telephone No.</td> <td>575-748-1288</td> </tr> </table>			SIGNATURE	Electronically Signed	TITLE	Regulatory Supervisor	DATE	6/21/2023	Type or print name	Jerry Sherrell	E-mail address	jerrys@mec.com	Telephone No.	575-748-1288																																																																				
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 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV – (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM  
 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-005-64366
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Mack Energy Corporation		6. State Oil & Gas Lease No. VB-2254
3. Address of Operator P.O. Box 960 Artesia, NM 88210		7. Lease Name or Unit Agreement Name Klondike State Com
4. Well Location Unit Letter <u>O</u> : <u>710</u> feet from the <u>South</u> line and <u>1650</u> feet from the <u>East</u> line Section <u>23</u> Township <u>15S</u> Range <u>28E</u> NMPM County <u>Chaves</u>		8. Well Number 2H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3575' GR		9. OGRID Number 013837
		10. Pool name or Wildcat Round Tank; San Andres #52770

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"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>
OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

6/8-19/2023 Spud 17 1/2" hole @ 6:30pm. TD 17 1/2" hole @ 208'. RIH w/ 5jts 13 3/8" 48# J-55 ST&C @ 208'. CMT w/ 285sx Class C 2%, pd @ 5:30am, circ 150sx. WOC 18hrs tst BOP/CSG to 2000# for 30mins. TD 12 1/4" hole @ 1198'. RIH w/ 28jts 9 5/8" 36# J-55 LT&C @ 1198'. CMT w/ 220sx Class C 4%, tail 200sx Class C 2%, pd @ 7:05am, circ 75sx. WOC 18hrs tst BOP/CSG to 2000# for 30mins. TD 8 3/4" hole @ 9319'. RIH w/ 138jts 5 1/2" 17# HCP-110 BTC (6183'), 81jts 7" 26# HCP-110 BTC (3131') set @ 9319'. Cmt w/ 175sx 50/50 POZ/C, tail 1635sx 50/50 POZ/C, pd @ 5:50am, didn't circ cmt, Est TOC @ 500', lift pressure was 100psi below Calculated. WOC 12hrs tst csg to 1500# for 30mins. Release Rig @ 4pm.

Spud Date:

6/8/2023

Rig Release Date:

6/19/2023

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Deana Weaver TITLE Regulatory Tech II DATE 6/21/2023

Type or print name Deana Weaver E-mail address: dweaver@mec.com PHONE: 575-748-1288

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):