

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-103 August 1, 2011 Permit 360112 WELL API NUMBER 30-005-64382 5. Indicate Type of Lease Federal 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name CRANBROOK STATE COM			
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	8. Well Number 002H				
2. Name of Operator MACK ENERGY CORP	9. OGRID Number 13837				
3. Address of Operator P.O. Box 960, 11344 Lovington Hwy, Artesia, NM 882110960	10. Pool name or Wildcat				
4. Well Location Unit Letter <u>J</u> : <u>1770</u> feet from the <u>S</u> line and feet <u>1650</u> from the <u>E</u> line Section <u>36</u> Township <u>15S</u> Range <u>28E</u> NMPM _____ County <u>Chaves</u>					
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3609 GR					
Pit or Below-grade Tank Application ☐ or Closure ☐ Pit Type _____ Depth to 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: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ TEMPORARILY ABANDON ☐ CHANGE OF PLANS ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ Other: _____ SUBSEQUENT REPORT OF: ALTER CASING ☐ PLUG AND ABANDON ☐ Other: <u>Spud</u> ☒					
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. <u>2/17/2024</u> Spudded well. <u>2/17/2024</u> Spud 17 1/2" hole @ 7pm					
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 Type or print name	Electronically Signed <u>Jerry Sherrell</u>	TITLE E-mail address	Regulatory Supervisor <u>jerrys@mec.com</u>	DATE Telephone No.	<u>2/19/2024</u> <u>575-748-1288</u>
For State Use Only:					
APPROVED BY:	<u>Patricia L Martinez</u>	TITLE	_____	DATE	<u>5/22/2024</u>