Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District 1-</u> (575) 393-6161	Energy, Minerals and Natural Resources	
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-015-40817
<u>District 11</u> - (575) 748-1283 1301 W. Grand Ave., Artesia, NM 8821 0	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> - (505) 334-6178 1 000 Rio Brazos Rd., Aztec, NM 8741 0	1220 South St. Francis Dr.	STATE TEE 🛛
District IV- (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		Fee
SUNDRY NOTIC	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A TION-FOR-PERMIT"-(FORM-C-101)-FOR-SUCH	Derrick Fee
PROPOSALS.)		0 W-II Nb
	Gas Well Uther	9. OGRID Number
2. Name of Operator  Mack E	nergy Corporation	013837
3. Address of Operator		10. Pool Name or Wildcat
	Artesia, NM 88210	Cass Draw; Bone Spring
4. Well Location		
Unit Letter H	1675 feet from the North line and	5.11
Section 4	Township 23S Range 27E	NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR 3125' GR	etc.)
12. Check Ar	propriate Box to Indicate Nature of Noti	ice. Report or Other Data
•		•
NOTICE OF INT		UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIALW CHANGE PLANS COMMENCE	VORK ☐ ALTERING CASING ☐ ☐ DRILLING OPNS.☐ P AND A ☐
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEN	
DOWNHOLE COMMINGLE	or our or our	
CLOSED-LOOP SYSTEM	D 101	_
OTHER:	Pool Change OTHER:	
		s, and give pertinent dates, including estimated date etions: Attach wellbore diagram of proposed completion
or recompletion.	SEE ROLL 19.13.7.14 NWAC. TO Multiple Comple	etions. Attach wendore diagram of proposed completion
Mack Energy Corporation proposes	to change the pool for the Derrick Fee #1 to C	Cass Draw; Bone Spring (10380)
		NM OIL CONSERVATION
leed Plat & Pool		ARTESIA DISTRICT
1 1 1 117		AUG 1 2 2014
some C-10L		AUU 1 2 2014
		RECEIVED
Spud Date:	Rig Release Date:	
I hereby certify that the information of	pove is true slid complete to the best of my know	ladge and halief
Thereby certify that the information at		leage and belief.
()anau	Clover TITLE Production Clark	
SIGNATURE COMMON	TITLE Production Clerk	DATE <u>8/11/14</u>
Type or print name Deana Weaver	E-mail address: dweaver@n	nec.com PHONE: 575-748-1288
For State Use Only	2 man address. awaverlagh	FRONE. 373 710 1200
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):		