

30-015-04879

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs NM 88240

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, New Mexico 87505

DISTRICT II 811 South First, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. SEE ATTACHED
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LC-029492 A
7. Lease Name or Unit Agreement Name Moray Federal - 35208
8. Well No.
9. Pool name or Wildcat Grayburg Jackson SR Q G SA

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 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 _____ Feet From The _____ Line and _____ Feet From The _____ Line
Section 25 Township 16S Range 31E NMPM Eddy County

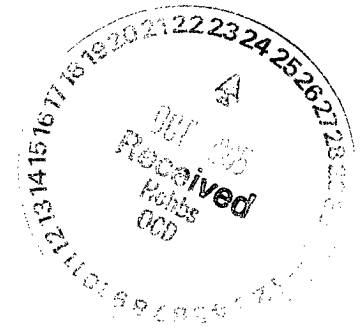
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Name Change <input checked="" type="checkbox"/>

12. 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.

SEE ATTACHED for name change on above referenced lease effective 9/1/05.



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

SIGNATURE Crissa D. Carter TITLE Production Analyst DATE 10/17/05

TYPE OR PRINT NAME Crissa D. Carter TELEPHONE NO. 748-1288

(This space for State Use)

TIM W. GUM DISTRICT II SUPERVISOR

APPROVED BY DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 03 2005

API#	OLD NAME	NEW NAME	POOL	TWNSP	RNG	SEC	UNIT	COUNTY
30-015-04879	Robinson #1	Moray Federal #1	Grayburg Jackson,SR-Q-G-SA	16S	31E	25	K	Eddy
30-015-04870	Robinson #2	Moray Federal #2	Grayburg Jackson,SR-Q-G-SA	16S	31E	25	L	Eddy
30-015-04872	Robinson #3	Moray Federal #3	Grayburg Jackson,SR-Q-G-SA	16S	31E	25	O	Eddy
30-015-04873	Robinson #4	Moray Federal #4	Grayburg Jackson,SR-Q-G-SA	16S	31E	25	N	Eddy
30-015-04875	Robinson #7	Moray Federal #7	Grayburg Jackson,SR-Q-G-SA	16S	31E	25	M	Eddy
30-015-21589	Robinson #8	Moray Federal #8	Grayburg Jackson,SR-Q-G-SA	16S	31E	25	N	Eddy