State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT II
811 South First, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

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

JUN 2003
RECEIVED
OCD - ARTESIA

WELL API NO.
30-015-23086

5. Indicate Type of Lease
STATE ☒   FEE ☐

6. State Oil & Gas Lease No.
V-6512

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).

7. Lease Name or Unit Agreement Name

Slammin Sam State

1. Type Of Well: OIL WELL ☐ GAS WELL ☒ OTHER	8. Well No. 1
2. Name of Operator Mack Energy Corporation	
3. Address of Operator P.O. Box 960, Artesia, NM 88211-0960	9. Pool name or Wildcat Runyan Ranch; Abo

4. Well Location

Unit Letter **L** : **1980** Feet From The **South** Line and **660** Feet From The **West** Line

Section **9** Township **19S** Range **23E** NMPM **Eddy** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3932' GR

11.
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: _____ ☐		OTHER_____ Put on Production ☒	

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.

Slammin Sam State #1 put on production 3/11/2003.

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

SIGNATURE _____   TITLE __Production Analyst__   DATE __6/18/2003__

TYPE OR PRINT NAME   Crissa D. Carter   TELEPHONE NO.

(This space for State Use)

APPROVED BY_____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: