| Submit I Copy To Appropriate District Office | State of New Mexico | | Form C-103 |
|---|--|---------------------|---|
| <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 | Energy, Minerals and Natural Re | | Revised July 18, 2013 WELL API NO. 30-015-36751 |
| <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 | OIL CONSERVATION DIVI 1220 South St. Francis D | | 5. Indicate Type of Lease |
| 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 | Santa Fe, NM 87505 | | STATE FEE 6. State Oil & Gas Lease No. LG-4436-2 |
| SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO | ICES AND REPORTS ON WELLS DIALS TO DRILL OR TO DEEPEN OR PLUG BAC CATION FOR PERMIT" (FORM C-101) FOR SUCH | | 7. Lease Name or Unit Agreement Name Snowball State Com. |
| 1. Type of Well: Oil Well | Gas Well Other Injection | · | 8. Well Number 1 |
| 2. Name of Operator | Mack Energy Corporation | | 9. OGRID Number 013837 |
| | P.O. Box 960 Artesia, NM 88210 | | 10. Pool name or Wildcat Wildcat Abo |
| 4. Well Location Unit Letter <u>A</u> | _:355feet from theNorth | line and | <u>330</u> feet from the East line |
| Section 36 | | | NMPM County Eddy |
| · · · · · · · · · · · · · · · · · · · | 3470' GR | | |
| 12. Check | Appropriate Box to Indicate Nature | of Notice, | Report or Other Data |
| PERFORM REMEDIAL WORK TEMPORARILY ABANDON | CHANGE PLANS 🗍 COM | EDIAL WOR | ILLING OPNS. 🔲 PANDA 🛛 |
| DOWNHOLE COMMINGLE | | | |
| OTHER: 13. Describe proposed or comp of starting any proposed w proposed completion or rea | ork). SEE RULE 19.15.7.14 NMAC. For | nt details, an | d give pertinent dates, including estimated date mpletions: Attach wellbore diagram of |
| 2. 12/11/19: Spot 25 sx cmt 3. 12/11/19: Spot 25 sx cmt 4. 12/11/19: Spot 25 sx cmt | | | |
| | | | ····, |
| | Appropriate for diagonal of wall base only. Listance with the base is recalled particles, use of C-193 (Persecuent Report of Well Play, a which can be should in OCD West Page unde | ेक्रूब :gj) T | RECEIVED |
| | willeli taav be daana at ee p adood. Forms, warstemorgissisteenna ualoed. | | JAN 02 2020 |
| Spud Date: | Rig Release Date: | | DISTRICTILARTESIAO.C.D. |
| | | | |
| I hereby certify that the information | above is true and complete to the best of n | ny knowledg | e and belief. |
| SIGNATURE Jung W. | Shull TITLE Produce | xion (| lerk DATE 12/31/2019 |
| Type or print name For State Use Only | E-mail address: | | PHONE: |
| APPROVED BY: | TITLE STAff | mg- | DATE 1/8/20 |
| Conditions of Approval (if any): | | | · · · · · · |
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