Submit I Copy To Appropriate District State of New Mexico	Form C-103
Office District I – (575) 393-6161 Energy, Minerals and Natural Reso	urces Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	WELL API NO. 30-015-22307
District III(015) (130-1205)811 S. First St., Artesia, NM 88210OIL CONSERVATION DIVISDistrict III- (505) 334-61781220 South St. Francis Dr.	5. Indicate Type of Lease
Internet	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	L-484
87505 SUNDRY NOTICES AND REPORTS ON WELLS	 D L-404 7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) PDFSUCH	Bogle State Com
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number 1
2. Name of Operator	ARTESIAGRID Number
Mack Energy Corporation 3. Address of Operator	013837 10. Pool name or Wildcat
P.O. Box 960 Artesia, NM 88210	Diamond Mound; Upper Penn (G)
4. Well Location	
Unit Letter H : 2560 feet from the North line	and <u>660</u> feet from the East line
Section 2 Township 16S Range 27	
11. Elevation (Show whether DR, RKB, R7 3578' GR	, <i>GR</i> , etc.)
12. Check Appropriate Box to Indicate Nature of	Notice, Report or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
	ALTERING CASING
PULL OR ALTER CASING MULTIPLE COMPL CASING DOWNHOLE COMMINGLE Image: Casing indicating indindicating indicating indicating indicating indicating in	
CLOSED-LOOP SYSTEM	
13. Describe proposed or completed operations. (Clearly state all pertinent of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Manual completion	
proposed completion or recompletion.	
Mack Energy Corporation would like to request a 5 year ext	ension of T & A status on the
Bogle State Com #1	IGINDONITY ADDITION STORE STORE STORE
	AND
	6/3/20
Well has been it le since 2009 h extension in 2014/90 day to br or plugg	as had one s year
extension in 2014/90 days to be	in had an I
or pluce	g buce ch line
7	
Spud Date: Rig Release Date:	
I harshy contify that the information above is two and complete to the best of my	knowledge and belief
I hereby certify that the information above is true and complete to the best of my	knowledge and bener.
SIGNATURE DOMA WEAVER TITLE Production	on Clerk DATE $2.13.20$
Type or print name Deana Weaver E-mail address: dwea	
For State Use Only	· · · · ·
APPROVED BY: TITLE 5 TAT	DATE 3/3/20
Conditions of Approval (if any).	DAIL J J C
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