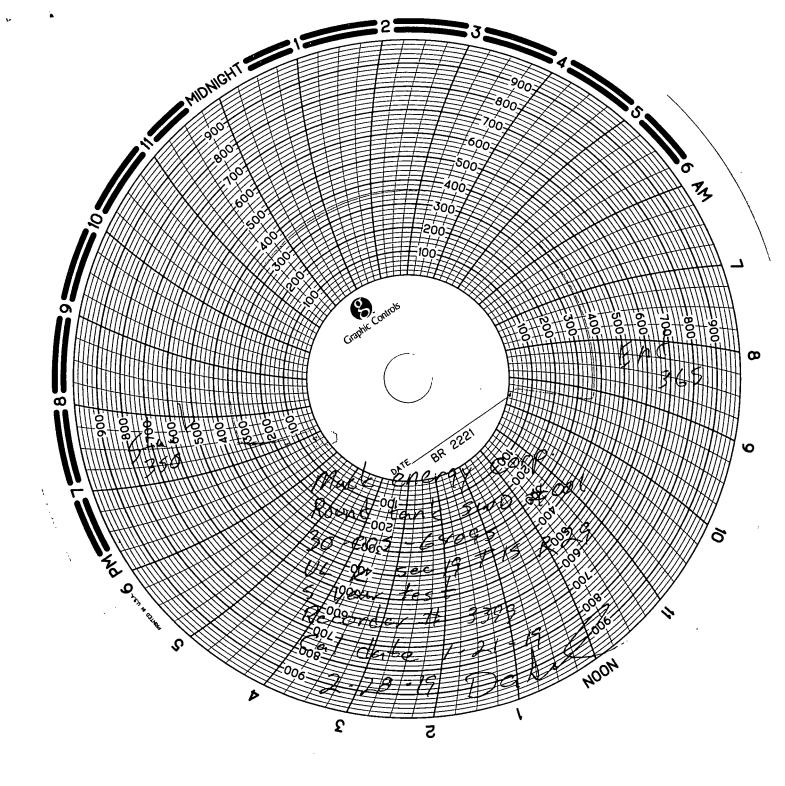
Submit 3 Copies To Appropriate District	State of New Maria	Form C-103
Office	State of New Mexico Energy, Minerals and Natural Resources	June 19, 2008 .
District 1 1625 N. French Dr., Hobbs, NM 88240	Likigy, Minerals and Natural Resources	WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 8821 0	OIL CONSERVATION DIVISION	30-005-64095 5. Indicate Type of Lease
<u>District III</u> I 000 Rio Brazos Rd., Aztec, NM 8741 0	1220 South St. Francis Dr.	STATE STATE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		L-0729
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	Round Tank SWD
PROPOSALS.)		9 Wall Number
1. Type of Well: Oil Well 2. Name of Operator	Gas Well Other SWD	9. OGRID Number
	Energy Corporation	013837
3. Address of Operator		10. Pool Name or Wildcat
P.O. Box 96	60 Artesia, NM 88210	SWD; Devonian
4. Well Location		
Unit Letter K	1980 feet from the South line and	1980feet from theWestline
Section 19	Township 15S Range 29E	NMPM County Chaves
	11. Elevation (Show whether DR, RKB, RT, GR etc. 3735' GR	.)
	5155 GK	
12. Check A	Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF IN		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIALWOF CHANGE PLANS COMMENCE DR	RK
		= -
		MIT Test
OTHER: 13 Describe proposed or comp	leted operations (Clearly state all pertipent details an	
13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion		
or-recompletion.		
On February 28, 2019, Mack Energy Corporation performed a scheduled MIT test on the above mentioned well. please see the		
attached chart.		
		RECEIVED
		MAR 0 4 2019
		DISTRICT II-ARTESIA O.C.D.
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true slid complete to the best of my knowledge and belief.		
	S. P.	• //// •
SIGNATURE (ung W.	TITLE Production Clerk	DATE <u>3/4/19</u>
Type or print name Jerry W. Sherre	E-mail address: jerrys@mec.co	m PHONE: (575)748-1288
For State Use Only		
APPROVED BY:	TITLE COmpriance	- of icor DATE 3-6-19
Conditions of Approval (if any):	v	

a.

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Michelle Lujan Grisham Governor

Sarah Cottrell Propst Cabinet Secretary Designate

Todd E. Leahy, JD, PhD Deputy Secretary Gabriel Wade, Acting Director Oil Conservation Division



Date: <u>2-29 - 19</u> API# 30-005-64095

A Mechanical Integrity Test (M.I.T.) was performed on, Well <u>Round</u> tar

A M.I.T. **is successful**, the original chart has been retained by the Operator on site. Send a **legible** scan of the chart with an attached **Original C-103 Form** indicating reason for the test, via post mail to District NMOCD field office. A scanned image will appear online via NMOCD website, <u>www.emnrd.state.nm.us/ocd/OCDOnllne.htm</u> 7 to 10 days after postdating.

_____ M.I.T. is unsuccessful, the original chart is returned to the Operator. Repairs will be made, Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect. No expectation of extension should be construed because of this test.

_____ M.I.T. for Temporary Abandonment, shall include a detailed description on Form C-103, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

_____ M.I.T. is successful, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). Only after receipt of the C-103 will the non-compliance be closed.

_____M.I.T.**is successful**, Initial of an injection well, you must submit a **form C-103** to NMOCD within 30 days. A **C-103 form** must include a detailed description of the work performed on this well Including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume.

Please contact **Rusty Klein** at **575-748-1283 x109** for verification to ensure documentation requirements are in place prior to injection process.

If I can be of additional assistance, please feel free to contact me at (575) 748-1283 ext.

Thank You, DCL Dan Smolik, Compliance Officer

EMNRD-O.C.D. District II – Artesia, NM