

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 June 19, 2008

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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.)		WELL API NO. 30-005-64316
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Mack Energy Corporation		6. State Oil & Gas Lease No. VO-9765-0
3. Address of Operator P.O. Box 960 Artesia, NM 88210		7. Lease Name or Unit Agreement Name Duncan State Com
4. Well Location Unit Letter <u>D</u> <u>765</u> feet from the <u>North</u> line and <u>355</u> feet from the <u>West</u> line Section <u>36</u> Township <u>15S</u> Range <u>28E</u> NMPM County <u>Chaves, NM</u>		8. Well Number <u>1H</u>
11. Elevation (Show whether DR, RKB, RT, GR etc.) 3576' GR		9. OGRID Number 013837
		10. Pool Name or Wildcat Round Tank; San Andres

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIALWORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	

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.

4/4-25/2019 Spud 17 1/2" hole @ 8:15pm. TD 17 1/2" hole @ 461'. RIH w/ 11jts 13 3/8" 48#, J-55 @ 461'. Cmt w/ 100sx RFC, tail w/ 450sx Class C 2%, PD @ 1:24pm, circ 188sx. WOC 18hrs tst csg to 1800# for 30 mins, held ok. TD 12 1/4" hole @ 1500'. RIH w/ 35jts 9 5/8", 36# J-55 @ 1500'. Cmt w/ 100sx RFC, tail w/ 450sx Class C 2%, PD @ 12:48am, circ 59sx. WOC 12hrs tst csg to 600# for 30mins, held ok. TD 8 3/4" hole @ 9935'. RIH w/ 163jts 5 1/2" 17# P-110, 23jts 7" 26# P110 BT&C, 54jts 7" 26# P110 LT&C Set @ 9935'. CMT w/ 350sx 35/65 POZ, tail w/ 1770sx PVL, PD @ 1:51am, circ 200sx. WOC 12hrs tst csg 600# for 20 mins, held ok. Released rig 11:30am.

Casing Test must be minimum of 30 minutes

RECEIVED

APR 26 2019

DISTRICT II-ARTESIA O.C.D.

Spud Date: 4/4/2019

Rig Release Date: 4/25/2019

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

SIGNATURE Deana Weaver TITLE Production Clerk DATE 4/25/2019

Type or print name Deana Weaver E-mail address: dweaver@mec.com PHONE: (575)748-1288

For State Use Only

APPROVED BY: _____ TITLE _____ DATE GC 4/30/19

Conditions of Approval (if any):

Accepted for record - NMOCD