

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

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

Form C-103  
May 27, 2004

WELL API NO. 30-025-36840
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-1824
7. Lease Name or Unit Agreement Name Matador 19 State
8. Well Number 4
9. OGRID Number 013837
10. Pool name or Wildcat Grayburg Jackson SR Q G SA

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.)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator Mack Energy Corporation
3. Address of Operator P. O. Box 960 Artesia, NM 88211-0960
4. Well Location Unit Letter <u>K</u> <u>2310</u> feet from the <u>South</u> line and <u>1650</u> feet from the <u>West</u> line Section <u>19</u> Township <u>16S</u> Range <u>32E</u> NMPM County <u>Lea</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4374' GR

Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

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

09/07/2004 Spud 17 1/2" hole @ 7:00 PM.  
09/08/2004 TD 17 1/2" hole @ 411', RIH w/9 joints 13 3/8" K-55 54# set @ 401', Cemented w/180 sx Class H, 10% A-10, 10# LCM, 1/4# CF, 1% CC, tail in w/500 sx Class C, 2% CC, circ 10 sx, plug down @ 2:45 PM. WOC 18 hours tested casing to 1800# for 30 minutes, held OK.  
09/12/2004 TD 12 1/4" hole @ 2365', RIH w/53 joints 8 5/8" K-55 24# set @ 2365', Cemented w/850 sx BJ Lite, tail in w/200 sx Class C, 2% CC, circ 34 sx, plug down @ 6:30 AM. WOC 12 hours tested casing to 600# for 20 minutes, held OK.  
09/17/2004 TD 7 7/8" hole @ 4255'.  
09/18/2004 RIH w/96 joints 5 1/2" J-55 17# set @ 4237', Cemented w/300 sx 35-65-6, 6# salt, 1/4# CF, tail in w/775 sx 50-50-2, 1% FL25, 1% BA58, 5% salt, .6% SMS, 3% FL52, circ 107 sx, plug down @ 11:15 PM. WOC 12 hours tested casing to 600# for 20 minutes, held OK.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ a general permit ☐ or an (attached) alternative NMOCD-approved plan ☐

SIGNATURE Jerry W. Sherrell TITLE Production Clerk DATE 9/23/2004  
Type or print name Jerry W. Sherrell E-mail address: jerrys@mackenergycorp.com Telephone No. (505)748-1288  
For State Use Onl

APPROVED BY: Larry W. Wink ORIGINAL SIGNED BY LARRY W. WINK DATE SEP 27 2004  
Conditions of Approval (if any): QC FIELD REPRESENTATIVE II/STAFF MANAGER