| Subtitit 3 Copies To Appropriate District<br>Office   | State of New Mexico  |                    |                  | Form C-103                   |                               |                |        |
|---|--|--------------------|------------------|------------------------------|-------------------------------|----------------|--------|
| District I<br>1625 N. French Dr., Hobbs, NM 88240   | Energy, Minerals and Natural Resources                     |                    |                  | May 27, 2004<br>WELL API NO. |                               |                |        |
| District 11<br>1301 W. Grand Ave., Artesia, NM 88210  | 10 OIL CONSERVATION DIVISION<br>1220 South St. Francis Dr. |                    |                  | 30-025-36606                 |                               |                |        |
| District III  |  |                    |                  | 5. Indicate Type of Lease    |                               |                |        |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV   | Santa Fe, NM 87505   |                    |                  | 6. State Oil & Gas Lease No. |                               |                |        |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |  |                    |                  | NMLC-058698B                 |                               |                |        |
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH |  |                    |                  | 7. Lease Nar                 | me or Unit Agreem             | ent Name       |        |
|   |  |                    |                  | Rhino Federal                |                               |                |        |
| PROPOSALS.)         1. Type of Well: Oil Well         Gas Well         Other  |  |                    |                  | 8. Well Number 2             |                               |                |        |
| 2. Name of Operator   |  |                    |                  | 9. OGRID Number<br>013837    |                               |                |        |
| Mack Energy Corporation 3. Address of Operator  |  |                    |                  | I 0. Pool name or Wildcat    |                               |                |        |
| P. O. Box 960 Artesia, NM 88211-0960  |  |                    |                  | Tamano Delaware              |                               |                |        |
| 4. Well Location  |  |                    |                  | L                            |                               |                |        |
| Unit Letter E   | 1650 feet from the   |                    | line and         |                              | et from the West              | line           |        |
| Section <u>35</u>   | Township   |                    |                  |                              | County Lea                    |                |        |
|   | I 1. Elevation (Show                                       | 3919' GR           |                  | )                            |                               |                |        |
| Pit or Below-grade Tank Application   |  |                    |                  |                              | 1000                          |                |        |
| Pit type_DrillingDepth Ground   |  |                    |                  |                              | st surface water <u>1200'</u> | -              |        |
| Pit Liner Thickness: <u>12</u> m  | <u></u>  |                    |                  |                              |                               |                |        |
| 12. Check   | Appropriate Box to   | Indicate Natur     | re of Notice,    | Report or O                  | ther Data                     |                |        |
| NOTICE OF I   | NTENTION TO:   |                    | SUB              | SEQUENT                      | REPORT OF:                    |                |        |
| PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK ALTERING CASING  |  |                    |                  |                              |                               |                |        |
| TEMPORARILY ABANDON   |  | = 1                |                  |                              |                               |                |        |
| PULL OR ALTER CASING  | MULTIPLE COMPL   |                    | SING/CEMEN       | I JOB                        |                               |                |        |
| OTHER: Pit Closure  |  |                    | THER:            |                              |                               | - 🔲            |        |
| 13. Describe proposed or con<br>of starting any proposed  |  |                    |                  |                              |                               |                |        |
| or recompletion.  | WOIK). SEE KOLE 1105                                       |                    | Supretions: Au   |                              | magram of propose             | a completion   |        |
| Mack Energy Corporation propo   | ses to close Drilling pit                                  | as follows:        |                  |                              |                               |                |        |
|   | ••   |                    |                  |                              |                               |                |        |
| 1. Remove fluids from pit.  | structed next to existin                                   | a taganya nit and  | lined with a 1   | 2 mil limon th               | a aantanta wiili ha           | alagad in this |        |
| 2. A Deep Trench pit will be compit and liner will be folded over t   |  | g reserve pit and  | i linea with a 1 | 2 mil liner, in              | e contents will be            | placed in this | `.     |
| 3. Cover liner with 20 mil liner v  | vith excess of 3' on all s                                 | ides as per optic  | on IV.B.3.(b) o  | of the Pit and I             | Below-Grade Tanl              | Guidelines.    | ·2/    |
| 4. Cover with a minimum 3' of $n$   |  |                    |                  |                              |                               | FTD an         |        |
| 5. Contour pit to prevent erosion   | and ponding of rainwa                                      | ter.               |                  |                              | h.                            | 2005           |        |
|   |  |                    |                  |                              | 11                            | HOPPED         | · . I  |
|   |  |                    |                  |                              | 2<br>10                       | OCD            | 4      |
|   |  |                    |                  |                              | N <sup>2</sup> a              |                |        |
|   |  |                    |                  |                              |                               |                |        |
|   |  |                    |                  |                              |                               |                |        |
| I hereby certify that the information   | above is true and compl                                    | ete to the best of | my knowledge     | and helief I fur             | with an acartific that any    | nit on holow   |        |
| grade tank has been/will be constructed   | or closed according to NMO                                 | CD guidelines , a  | general permit   | ]or an (attached)            | alternative OCD-appr          | oved plan      |        |
| SIGNATURE Cerry L   | I. Shenall   | TITLEProduc        | ction Clerk      |                              | DATE 2/15/                    | 2005           |        |
|   |  |                    |                  |                              |                               |                | 0      |
| Type or print name Jerry W. Sher<br>For State Use OnI   | 1011   | E-mail address:    |                  |                              |                               | (303)/48-1288  | 8      |
| H   | N M M  |                    | IELD REPRES      | ENTATIVE II/                 | STAFF MANAGE                  |                |        |
| APPROVED BY:  | W. Wink  | TITLE              |                  |                              | DATE                          | FEB 1          | 8 2005 |
| Conditions of Approval (if any)   |  |                    |                  |                              |                               |                |        |
|   |  |                    |                  |                              |                               |                |        |