	HOBBS U	CD- RECEIVED 10/23/20
Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	June 19, 2008 WELL API NO.
District II	OIL CONSERVATION DIVISION	30-005-20333
1301 W. Grand Ave., Artesia, NM 8821 0 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
I 000 Rio Brazos Rd., Aztec, NM 8741 0 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		Federal NMNM119274
SUNDRY NOTI	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ATION FOR PERMIT" (FORM C-101) FOR SUCH	Peery SWD
PROPOSALS.)		8. Well Number 4
1. Type of Well: Oil Well 2. Name of Operator	Gas Well Other SWD	9. OGRID Number
Mack I	Energy Corporation	013837
3. Address of Operator		10. Pool Name or Wildcat
P.O. Box 96 4. Well Location	0 Artesia, NM 88210	SWD;Devonian
Unit Letter A	660 feet from the North line and	990 feet from the East line
Section 29	Township 15S Range 30E	NMPM County Chaves
11. Elevation (Show whether DR, RKB, RT, GR etc.)		
	3987' GR	and the second sec
12 Check A	ppropriate Box to Indicate Nature of Noti	ice Report or Other Data
NOTICE OF IN		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR		
PULL OR ALTER CASING		
DOWNHOLE COMMINGLE		
OTHER:		П
13. Describe proposed or compl	leted operations. (Clearly state all pertinent details	s, and give pertinent dates, including estimated date
	ork). SEE RULE 1103. For Multiple Completions	: Attach wellbore diagram of proposed completion
or recompletion.	al to perform repair work on our Peers SWD #	 Tubing and packer will be pulled to search for
source of leak. A new packer will be run in hole along with any tubing needing replaced. Packer will be set @ 11,077'+or Load hole with packer fluid and test to 500# for 30 minutes.		
		Condition of Approval: notify
		OCD Hobbs office 24 hours
Spud Date:	Rig Release Date:	prior of running MIT Test & Chart
I hereby certify that the information	above is true slid complete to the best of my know	ledge and helief
		louge und benef.
SUGNATURE ()	TITLE Production Clerk	DATE10/23/20
SIGNATURE		
Type or print name Jerry W. Sherre	E-mail address: jerrys@med	e.com PHONE: (575)748-1288
For State Use Only	14	
APPROVED BY: KING	Jortnee TITLE Compliance Off	icer A DATE11/4/20