Submit 3 Copies To Appropriate District Office State of New Mexico	Form C-103
District L. Energy, Minerals and Natural Resources	June 19, 2008 WELL API NO.
1625 N French Dr., Hobbs, NM 88240 District II 1301 W Grand Ave., Artesia, NM 8821 0 OIL CONSERVATION DIVISION	30-025-40292
1301 W Grand Ave, Artesia, Nivi 6021 0	5. Indicate Type of Lease STATE FEE
District IV District IV Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St Francis Dr., Santa Fe, NM 87505	E-6504
SUNDRY GOLDS AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	Dash for Cash State
1. Type of Well: Oil Well Gas Well Other	8. Well Number 2
2. Name of Operator . Mack Energy Corporation	9. OGRID Number -/ 013837
3. Address of Operator	10. Pool Name or Wildcat
P.O. Box 960 Artesia, NM 88210	Vacuum; Blinbry
4. Well Location Unit Letter M 330 feet from the South line and	530 feet from the West line
Section 5 Township 18S Range 35E	NMPM County Lea
. 11. Elevation (Show whether DR, RKB, RT, GR etc.,	
3966' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIALWOR	K ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE	1306
OTHER:	Plug Back
13. Describe proposed or completed operations. (Clearly state all pertinent details, and	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Att ox-recompletion.	, · · · · · · · · · · · · · · · · · · ·
9/28/2012 Set CIBP @ 6200' w/ 35' cement cap.	Note:
10/1/2012 RIH w/ 187 jts 2 7/8" J-55 tubing, SN @ 5922', 2 1/2 x 2 x 24' pump.	Note: Producing from
	roakting gran
	Perfs 5773-
	ra o p
	2887
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Spud Date: Rig Release Date:	
9/28/2012 Rig Release Date.	10/1/2012
I hereby certify that the information above is true slid complete to the best of my knowledge	o and haliof
Thereby certify that the information above is true shd complete to the best of my knowledg	e and belier.
SIGNATURE Jeana Wealer TITLE Production Clerk	DATE 10. 9.17
Type or print name Deana Weaver E-mail address: dweaver@mec.	com PHONE: (575)748-1288
For State Use Only	·CB
APPROVED BY: Washwhitchen TITLE Compliance O	Hicer DATE 10-12-2012
Conditions of Approval (if any):	