Office OCD Enougy Minore	of New Mexico als and Natural Resources		Form C-103 June 19, 2008
1625 N. French Dr., Hobbs, Nrvf 88240		WELL API NO. 30-025-40563	
District II 1301 W. Grand Ave., Artesia, NACEST 5 2012OIL CONSERVATION DIVISION District III 1220 South St. Francis Dr.		5. Indicate Type of Lease	
1 000 Rio Brazos Rd., Aztec, NM 8741 0 Santa Fe. NM 87505		STATE STATE FEI	
1220 S. St. Francis Dr., Santa Fe, NINECEIVED		V-8144	
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agre	ement Name
(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.)		Arkansas State	
1. Type of Well: Oil Well 🛛 Gas Well 🔲 Other		8. Well Number 3	
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	0	Arkansas Junction; Bone Sp	ring
Unit Letter H 2120 feet from the	ne North line and	feet from the	East line
Section 35 Township	18S Range 36E	NMPM County	Lea
11. Elevation (Sho	w whether DR, RKB, RT, GR etc.) 3762' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON			
DOWNHOLE COMMINGLE			
OTHER: OTHER: Workover			
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.			
10/5/2012 Set CIBP @ 7550' w/ 35' cmt cap. Perforated 6693-6714' w/ 42 holes. 10/8/2012 Acidized w/ 1500 gals 15% acid.			
10/11/2012 Frac w/ 250 bbls Linear Gel, 7,262 bbls Slickwater, 14,475# 100 Mesh, 44,760# White Sand 40/70.			
10/15/2012 RIH w/ 209 jts 2 7/8", 6.5#, L-80 tubing, SN @ 6738', 2 1/2 x 2 x20' pump.			
Spud Date: Ri	g Release Date:		
10/5/2012	g Release Date.	0/15/2012	
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I hereby certify that the information above is true slid comp	nete to the best of my knowledge	and belief.	
SIGNATURE PLANA WEAVER T	TLE Production Clerk	DATE_[0-	24.12
Type or print name Deana Weaver E	-mail address: dweaver@mec.o	com PHONE: (57:	5)748-1288
For State Use Only			
APPROVED BY: Complete State MAR DATE DATE DATE DATE DATE DATE DATE DATE			
Conditions of Approval (if any):	_		
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