| Submit I Copy To Appropriate District Office   |  | State of New Mexico |                  |  | Form C-103                         |  |            |  |
|--|--|---------------------|------------------|--|------------------------------------|--|------------|--|
| District I- (575) 393-6161 Energy, Min<br>1625 N. French Dr., Hobbs, NM 88240  |  |                     | Minerals and Nat | ural Resources                             | Revised July 18, 2013 WELL API NO. |  |            |  |
| District 11- (575) 748-1283 OIL COM  |  |                     | NISERVATION      | JDIVISION                                  | 30-025-41134                       |  |            |  |
| District III- (505) 334-6178   |  |                     | th St. Fra       | ISERVATION DIVISIONth St. Francis DOBS OCL |                                    | ype of Lease                           |            |  |
| 1 000 Rio Brazos Rd., Aztec, NM 8741  District IV- (505) 476-3460  Sat   |  |                     | Santa Fe. NM 8   | nta Fe, NM 87505                           |                                    | STATE FEE 6. State Oil & Gas Lease No. |            |  |
| 1220 S. St. Francis Dr., Santa Fe, NM  |  |                     |                  | MARON                                      | VD 1212                            |  |            |  |
| District IV- (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505  SUNDRY NOTICES AND REPORTS ON WELLS   |  |                     |                  |  | VB-1313                            | ne or Unit Agreem                      | ent Name   |  |
| 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 SECTION PROPOSALS.) |  |                     |                  |  |                                    | _                                      | chi ivanic |  |
|  |  |                     |                  |  | Black Jack State  8. Well Number   |  |            |  |
| 1. Type of Well: Oil Well Gas Well Other   |  |                     |                  |  | <u> </u>                           |  |            |  |
| 2. Name of Operator  Mack Energy Corporation   |  |                     |                  |  |                                    | 9. OGRID Number<br>013837              |            |  |
| 3. Address of Operator   |  |                     |                  |  | 10. Pool Name or Wildcat           |  |            |  |
| P.O. Box 960 Artesia, NM 88210   |  |                     |                  |  | WC-025 G-06 S183518A; Bone Spring  |  |            |  |
| 4. Well Location  Unit Letter J 2310 feet from the South line and 2310 feet from the East line   |  |                     |                  |  |                                    |  |            |  |
| Sect   |  |                     | 100              | ange 35E                                   | NMPM                               | County                                 | Lea        |  |
| 11. Elevation (Show whether DR, RKB, RT, GR etc.)  |  |                     |                  |  |                                    |  |            |  |
| 3964' 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 REMEDIALWORK  |  |                     |                  |  |                                    | T ALTERING C                           | ASING □    |  |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI  |  |                     |                  |  | -                                  |  |            |  |
| PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT JOB  |  |                     |                  |  |                                    |  |            |  |
| DOWNHOLE COMMINGLE   |  |                     |                  |  |                                    |  |            |  |
| CLOSED-LO  | OP SYSTEM L                                | J                   | . 🗆              | OTHER:                                     | Compl                              | letion                                 | $\bowtie$  |  |
| 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  |  |                     |                  |  |                                    |  |            |  |
| 1/27/2014 Perforated @ 9484-9601' w/ 50 holes.   |  |                     |                  |  |                                    |  |            |  |
|  | cidize w/ 58 bbls 15                       |                     | 27# 100 Mash 22  | 6 100# White San                           | 1 40/70 Parfor                     | estad @ 0024 025                       | Q! w/ 50   |  |
|  | ac w/ 29,616 bbls S<br>zed w/ 2000 gals 15 |                     |                  |  |                                    | ateu ( <i>w</i> 9024-923               | 6 W/ 3U    |  |
| holes. Acidized w/ 2000 gals 15% Acid. Frac w/ 3600 bbls slickwater, 7071# 100 mesh. 2/19/2014 RIH w/ 299jts 2 7/8" L-80 6.5# tubing, SN @ 9616, 2 1/2 x 2 x 20' pump.                                 |  |                     |                  |  |                                    |  |            |  |
| J  |  |                     |                  |  |                                    |  |            |  |
|  |  |                     |                  |  |                                    |  |            |  |
|  |  |                     |                  |  |                                    |  |            |  |
|  |  |                     |                  |  |                                    |  |            |  |
|  |  |                     |                  |  |                                    |  |            |  |
|  | <u>r·</u>                                  |                     |                  |  |                                    |  |            |  |
| Spud Date:   | 12/20/2                                    | 2012                | Rig Release D    | ate:                                       | 1/5/2014                           |  |            |  |
| •  | 12/20/2                                    | .013                | -                |  | 1/3/2014                           |  |            |  |
| I hereby certify that the information above is true slid complete to the best of my knowledge and belief.  |  |                     |                  |  |                                    |  |            |  |
|  |  |                     |                  |  |                                    |  |            |  |
| SIGNATURE DATE 3.4.14  |  |                     |                  |  |                                    |  |            |  |
| ·  |  | or.                 | E mail address   | c dweaver@mas                              | com                                |  | 8 1288     |  |
| Type or print name Deana Weaver E-mail address: dweaver@mec.com PHONE: 575-748-1288  For State Use Only  |  |                     |                  |  |                                    |  |            |  |
|  | رميسہ                                      | 1/1                 | Pe               | troleum Engine                             | er                                 | MAR                                    | 1 3 2014   |  |
| APPROVED BY:   |  |                     |                  |  |                                    |  |            |  |