

Submit 1 Copy To Appropriate District Office
 District I- (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II- (575) 748-1283
 1301 W. Grand Ave., Artesia, NM 88210
 District III- (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV- (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

RECEIVED
 SEP 01 2016
 OBBS OGD

WELL API NO. 30-025-41023	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. B-1167	
7. Lease Name or Unit Agreement Name Norway State	
8. Well Number 1	
9. OGRID Number 013837	
10. Pool Name or Wildcat Blinebry (06660) Drinkard (19190)	
11. Elevation (Show whether DR, RKB, RT, GR etc.) 3509.4' GR	

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 SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other _____

2. Name of Operator
Mack Energy Corporation

3. Address of Operator
P.O. Box 960 Artesia, NM 88210

4. Well Location
 Unit Letter J 2307 feet from the South line and 2310 feet from the East line
 Section 36 Township 21S Range 36E NMPM County Lea, County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>CLOSED-LOOP SYSTEM <input type="checkbox"/></p> <p>OTHER: <input checked="" type="checkbox"/> DHC- Pre Approved Pools</p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIALWORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input checked="" type="checkbox"/></p>
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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.

- a) 19.15.12.11 E
- b) Blinebry- 06660 & Drinkard - 19190
- c) Blinebry- 5482-6249' & Drinkard- 6551-6777'
- d) Subtraction Method based on increased production from the Blinebry formation
- e) Commingling will not decrease the value of production
- f) All formations have identical working and net revenue interests (see attached list)
- g) The State Land Office has been sent a copy of the DHC application (see attached)

DHC-HOB 553

Allocation will be done using the subtraction method based on increased production from the Blinebry formation.

Date and Rates of last production-

Drinkard (19190)- 6/1/2016 30 oil, 175 gas 140 water

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Deana Weaver TITLE Production Clerk DATE Aug 29, 16

Type or print name Deana Weaver E-mail address: dweaver@mec.com PHONE: 575-748-1288

For State Use Only

Petroleum Engineer

APPROVED BY: [Signature] TITLE _____ DATE 09/02/16

Conditions of Approval (if any): _____

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