

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

*2nd Copy* Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

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.)		WELL API NO. 30-025-39673
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Mack Energy Corporation		6. State Oil & Gas Lease No. E-6002
3. Address of Operator P.O. Box 960 Artesia, NM 88210		7. Lease Name or Unit Agreement Name B Lee State
4. Well Location Unit Letter <u>L</u> <u>2210</u> feet from the <u>South</u> line and <u>430</u> feet from the <u>West</u> line Section <u>7</u> Township <u>18S</u> Range <u>35E</u> NMPM County <u>Lea, NM</u>		8. Well Number 6
11. Elevation (Show whether DR, RKB, RT, GR etc.) 3976' GR		9. OGRID Number 013837
10. Pool Name or Wildcat Vacuum; Blinebry- 61850		

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

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

1/26-30/2017 Set CIBP @ 6809' w/ 35' cement on top. Perforated 6326-6489' w/ 40 holes. Acidize w/ 34 bbls 15% Acid.  
 2/2-3/2017 Set plug @ 6318'. Perforated 6112-6305.5 w/ 40 holes. Frac w/ 4659 bbls 20# x-link gel. 5069 bbls 20# liner gel. 49.960# 100 Mesh, 277.251# 40/70 WS. 60.680# 30/50 SLC. Tagged plug @ 6318', drilled out plug.  
 2/6-7/2017 Tag cmt @ 6774'. RIH w/ 212 jts 2 7/8" L-80 tubing. SN @ 6480'. 2 1/2 x 2 x 20' pump.

**HOBBS OCD**

**OCT 03 2017**

**RECEIVED.**

Spud Date: 1/24/2017 Rig Release Date: 2/7/2017

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 2.22.17

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

**For State Use Only**

APPROVED BY: Karen Sharp TITLE Staff Mgr DATE 10-3-17  
 Conditions of Approval (if any):