

Submit 3 Copies To Appropriate District
 Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM
 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 June 19, 2008

RECEIVED
HOBBBS
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
MAR 20 2019

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. 30-025-30675
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>injection</u>		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. K-385
3. Address of Operator P.O. Box 960 Artesia, NM 88210		7. Lease Name or Unit Agreement Name State 35
4. Well Location Unit Letter <u>N</u> <u>990</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>35</u> Township <u>17S</u> Range <u>33E</u> NMPM County <u>Lea</u>		8. Well Number <u>6</u>
11. Elevation (Show whether DR, RKB, RT, GR etc.) 4130' GR		9. OGRID Number 013837
		10. Pool Name or Wildcat Maljamar; Grayburg-San Andres

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

NOTICE OF INTENTION TO: 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"/>	SUBSEQUENT REPORT OF: 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: <input type="checkbox"/>	OTHER: MIT Test <input checked="" type="checkbox"/>

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.

On March 15, 2019, Mack Energy Corporation performed a scheduled MIT test on the above mentioned well. please see the attached chart.

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 Jerry W. Sherrell TITLE Production Clerk DATE 3/19/19

Type or print name Jerry W. Sherrell E-mail address: jerrys@mec.com PHONE: (575)748-1288

For State Use Only

APPROVED BY: Rick Rickman TITLE Compliance Officer DATE 3-22-19
 Conditions of Approval (if any):

District I
 1625 N. French Dr., Hobbs, NM 88240
 Phone: (575) 393-6161 Fax: (575) 393-0720

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name Mack Energy Corporation							API Number 30-25-30675			
Property Name STATE 35								Well No. 6		

7- Surface Location

UL- Lot N	Section 35	Township 17S	Range 33E		Feet from 990	N/S Line South	Feet from 1980	E/W Line West	County Lea, NM
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Well Status

Well Status	SHUT-IN	PRODUCING	DATE
		Injecting	3-15-19

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

If bradenhead flowed water, check all of the descriptions that apply:

	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod-Tubing	(E) Tubing
Pressure	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Flow Characteristics					
Puff	Y/ <input checked="" type="checkbox"/>	Y/N	Y/N	Y/ <input checked="" type="checkbox"/>	
Steady Flow	Y/ <input checked="" type="checkbox"/>	Y/N	Y/N	Y/ <input checked="" type="checkbox"/>	
Surges	Y/ <input checked="" type="checkbox"/>	Y/N	Y/N	Y/ <input checked="" type="checkbox"/>	
Down to nothing	<input checked="" type="checkbox"/> /N	Y/N	Y/N	<input checked="" type="checkbox"/> /N	
Gas or Oil	Y/ <input checked="" type="checkbox"/>	Y/N	Y/N	Y/ <input checked="" type="checkbox"/>	
Water	Y/ <input checked="" type="checkbox"/>	Y/N	Y/N	Y/ <input checked="" type="checkbox"/>	

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks:

Signature: <i>Joe W. Small</i>	OIL CONSERVATION DIVISION
Printed Name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: 3-15-19	Phone: 575-748-1288
Witness: <i>Ricci Rickman</i>	