

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
May 27, 2004

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

WELL API NO. Multiple
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6 State Oil & Gas Lease No. B-10784
7. Lease Name or Unit Agreement Name. Raven State
8. Well Number 1,2,3,4
9. OGRID Number 013837
10. Pool name or Wildcat Vacuum; Bone Spring, West/Vacuum GB/SA

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Mack Energy Corporation	
3. Address of Operator P. O. Box 960 Artesia, NM 88211-0960	
4. Well Location Unit Letter _____ feet from the _____ line and _____ feet from the _____ line Section <u>9</u> Township <u>18S</u> Range <u>34E</u> NMPM County <u>22</u> Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <u>Surface commingle & off lease measurement</u> <input checked="" type="checkbox"/>		OTHER: _____ <input 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.

Mack Energy Corporation as operator respectfully requests administrative approval for a permit to surface commingle and off lease measurement of production. It is requested that surface commingling of Vacuum; Grayburg-San Andres and Vacuum; Bone Spring, West pools be approved for the following lease:

Raven State Sec. 9, T18S, R34E, B-10784

Raven State wells #1, 2 and 3 are GB/SA wells. The Raven State #4 is currently a Bone Spring producer. We anticipate a workover to DHC the Bone Spring and GB/SA soon. A central tank battery for the #1, 2 & 3 wells is located in the SW/4 NE/4, Sec. 9 T18S R34E. The Tank Battery for the #4 is located in the SW/4 NW/4 Sec. 9 T18S R34E. Proper allocation for gas production will be measured with meters at each battery, then sent to DCP's Raven State sales meter at the Crow State TB located in the NW/4 SE/4 Sec. 9 T18S R34E. Mack Energy Corporation has made notification to all parties owning an interest in the leases, including the gas purchaser, of the intent to commingle. The interests in all pools on this lease are common.

Oil Conservation Division
1220 S. St. Francis Drive
Santa Fe, NM 87505

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Jerry W. Sherrell TITLE Production Clerk DATE 4/17/07
Type or print name Jerry W. Sherrell E-mail address: jerrys@mackenergycorp.com Telephone No. (505)748-1288
For State Use Only

APPROVED BY: Chris Williams TITLE Dist. Supervisor DATE 7/6/08
Conditions of Approval (if any):