Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY.

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office						
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATION DIVISION 2040 South Pacheco			WELL API NO 30-025-37055		
DISTRICT II 811 South First, Artesia, NM 88210	STRICT II Santa Fe, New Mexico 87505 I South First, Artesia, NM 88210				f Lease	
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410				6 State Oil & Gas		FEE L
CUMP DA MOTIOFO AND DEPORTS ON MELLO				VB-1296-1		Estingsympas "-12"
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).				7. Lease Name or U	Unit Agreement Name	Annual Control of the
1. Type Of Well. OIL GAS	OTHER			Bay State		
2. Name of Operator Mack Energy Corporation				8. Well No.		
3. Address of Operator				9. Pool name or W	ildest	<del></del>
P.O. Box 960, Artesia, NM 88211-0960				Wolfcamp		
4. Well Location  Unit Letter K . 168	0 Feet From The	South	Line and 19	980 Feet From	Thc West	Line
. 13	188		245		Lea	
Section Section	Township 10. Elevation (Show	Rang w whether Dl	F, RKB, RT, GR, etc.)	NMPM	Electric de la companya de la compa	County
	Annual Control of the		76 GR			
II. Check A	Appropriate Box to Inc	dicate Na		eport, or Other		
				<del></del> 1		r
PERFORM REMEDIAL WORK	PLUG AND ABANDON	ا لِــا ١	REMEDIAL WORK	<i></i>	ALTERING CASING	L
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABANDON	MENT
PULL OR ALTER CASING			CASING TEST AND CE	MENT JOB		i
OTHER:		$_{-}\square$	OTHER	Name Cha	inge	🛚
12. Describe Proposed or Completed on work SEE RULE 1103. Change well name from Big Sky 13			-	cluding estimated date o	of starting any proposed	
OPER OGRID	NO. 13837			•		
	~~~~					
PROPERTY N		**************************************				
POOL CODE_	962					
EFF. DATE		<b></b>				
APINO 36	0-025-376	255				
APINO.						
I hereby certify that the information above is true	and complete for the best of my know	vledge and beli	ief			
signature (lissic I).	lal	TTTLE	Production	n Analyst	DATE6/16/0	<u> </u>
TYPE OR PRINT NAME	Cris	sa D, Carte	er		TELEPHONENO 748-	1288
(This space for State Use)	-				•	
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