

DISTRICT I
P.O. Box 1980, Hobbs NM 88240

DISTRICT II
811 South First, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, New Mexico 87505

WELL API NO. 30-025-22833
5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6 State Oil & Gas Lease No. VB-0905-2
7 Lease Name or Unit Agreement Name Dingo State
8 Well No 2
9. Pool name or Wildcat Baum Upper Penn

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
2. Name of Operator Mack Energy Corporation
3. Address of Operator P.O. Box 960, Artesia, NM 88211-0960
4. Well Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>31</u> Township <u>13S</u> Range <u>33E</u> NMPM <u>Lea</u> County
10 Elevation (Show whether DF, RKB, RT, GR, etc.)

11 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>
OTHER <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER <input checked="" type="checkbox"/> Name Change

12. 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.
Change well name from State 31 #2 to the Dingo State #2 effective 6/1/08.

OPER. OGRID NO. 13837
PROPERTY NO. 37224
POOL CODE 4940
EFF. DATE 6-1-08
API NO. 30025-22833

RECEIVED
JUN 20 2008
HOBBS OCD

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

SIGNATURE Crissa D. Carter TITLE Production Analyst DATE 6/16/08

TYPE OR PRINT NAME Crissa D. Carter TELEPHONE NO 748-1288

(This space for State Use)

APPROVED BY Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE JUN 27 2008

CONDITIONS OF APPROVAL, IF ANY