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 I<br>P.O. Box 1980, Hobbs NM 88240  | OIL CONSERVATION                                 | WELL API NO.                         |   |                                      |          |  |
|--|--|--------------------------------------|---|--------------------------------------|----------|--|
| DISTRICT II  | 2040 South Pacheco<br>Santa Fe, New Mexico 87505 |                                      | 30-025-30250  |                                      |          |  |
| 811 South First, Artesia, NM 88210 DISTRICT III  |  |                                      | 5. Indicate Type                                    | of Lease STATE                       | FEE      |  |
| 1000 Rio Brazos Rd, Aztec, NM 87410  |  |                                      | 6. State Oil & Gas Lease No. B-2516                 |                                      |          |  |
| 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 Unit Agreement Name |          |  |
| 1. Type Of Well: OIL GAS WELL WELL   | OTHER SWD  | Petrus D                             |   |                                      |          |  |
| 2. Name of Operator Mack Energy Corporation  |  | 8. Well No.                          |   |                                      |          |  |
| 3. Address of Operator P.O. Box 960, Artesia, NM 88211-0960  |  |                                      | 9. Pool name or Wildcat<br>SWD; Grayburg-San Andres |                                      |          |  |
| 4. Well Location   | Feet From The South                              | Line and 3.                          |   |                                      | Line     |  |
| Section 11   | Township 17S                                     | Range 33E                            | NMPM  | Lea                                  | County   |  |
|  | 10. Elevation (Show wheth                        | er DF, RKB, RT, GR, etc.)<br>4146 GR |   |                                      |          |  |
|  | ppropriate Box to Indicate                       |                                      | =   |                                      |          |  |
| NOTICE OF INT  | PLUG AND ABANDON                                 | REMEDIAL WORK                        | SEQUENT F   | REPORT OF:  ALTERING CASING          |          |  |
| TEMPORARILY ABANDON  | CHANGE PLANS                                     | COMMENCE DRILLING                    | OPNS.   | PLUG AND ABANDO                      | NMENT    |  |
| PULL OR ALTER CASING   | _  | CASING TEST AND CE                   | EMENT JOB   |                                      |          |  |
| OTHER:   |  | OTHER                                |   |                                      |          |  |
| 12. Describe Proposed or Completed Ope   | rations (Clearly state all pertinent deta        | nils, and give pertinent dates, inc  | luding estimated date                               | of starting any proposed             |          |  |
| ·  |  |                                      |   |                                      |          |  |
| 12/3/96 RU, release R-4 pkr & POH 2 3/8" J-55 plastic coated tbg. Test cs  | • •  | new 5 1/2 plastic coated             | R-4 pkr, set @ 4                                    | 354' & RIH with 134                  | its new  |  |
|  |  |                                      |   |                                      |          |  |
|  |  |                                      |   |                                      |          |  |
|  |  |                                      |   |                                      |          |  |
|  |  |                                      | · · · · · · · · · · · · · · · · · · ·               |                                      |          |  |
| I hereby certify that the information above is true a  | 1 de   | Producti                             | on Clerk  | DATE12/19                            | 9/96     |  |
| TYPE OR PRINT NAME   | Crissa D. C                                      | Carter                               |   | TELEPHONE NO. (505)                  | 748-1288 |  |
| (This space for State Use)   | ,  |                                      |   | PATE                                 | 5.       |  |
| APPROVED BY  | T  | TTLE                                 |   | DATE — J                             |          |  |