

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-015-31009
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. B-7596
Lease Name or Unit Agreement Name BR-549 STATE
Well No. 2
Pool name or Wildcat EAST EMPIRE YESO

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator MARBOB ENERGY CORPORATION	
Address of Operator P.O. BOX 227, ARTESIA, NM 88210	
Well Location Unit Letter <u>D</u> : <u>855</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>WEST</u> Line Section <u>27</u> Township <u>17S</u> Range <u>29E</u> NMPM <u>EDDY</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3543'	

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

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: SPUD, CMT CSG ☒

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.

SPUD WELL @ 4:00 P.M. 4/30/00. DRILD 12 1/4" HOLE TO 401', RAN 9 JTS 8 5/8" 24# J-55 CSG TO 396', CMTD W/300 SX PREM PLUS, PLUG DOWN @ 3:00 A.M. 5/1/00, CIRC 100 SX TO SURF. WOC 18 HRS, TSTD CSG TO 600# FOR 20 MINUTES - HELD OK.



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

ATURE Robin Cockrum TITLE PRODUCTION ANALYST DATE 05-02-00

PRINT NAME ROBIN COCKRUM

TELEPHONE NO. 748-3303

ce for State Use)

BY Jim W. Green 1561 TITLE SUPERVISOR, DISTRICT II DATE 05 2000

OF APPROVAL, IF ANY: