

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

CISE  
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. 30-015-31380
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No. L-6381
Lease Name or Unit Agreement Name CCAP STATE COM
Well No. 1
Pool name or Wildcat CARLSBAD SOUTH MORROW

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 ☒ GAS WELL ☒ OTHER

Name of Operator  
MARBOB ENERGY CORPORATION

Address of Operator  
P.O. BOX 227, ARTESIA, NM 88210

Well Location  
Unit Letter N : 750 Feet From The SOUTH Line and 1650 Feet From The WEST Line  
Section 16 Township 22S Range 27E NMPM EDDY County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
3115' GR

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: TD, 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.

DRILD 8 3/4" HOLE TO 10,433'. RAN 251 JTS 7" P110 CSG TO 10,363'. CMTD W/ 725 SX SUPER H & 105 SX PREM H, PLUG DOWN @ 11:30 P.M. 1/11/01, EST TOC 5000' BY TEMP SURVEY. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK.



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

SIGNATURE

Robin Cockrum

TITLE PRODUCTION ANALYST

DATE 01-15-01

TYPE OR PRINT NAME ROBIN COCKRUM

TELEPHONE NO. 748-3303

(This space for State Use)

BW

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

TITLE

DATE

JAN 19 2001

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: