

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

Revised March 25, 1999

WELL API NO.

30-015-32605

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

OXY RUGER STATE

8. Well No.

2

9. Pool name or Wildcat

MILLMAN; MORROW, SOUTH (GAS)

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 ☐ Gas Well ☒ Other

2. Name of Operator

MARBOB ENERGY CORPORATION

3. Address of Operator

PO BOX 227, ARTESIA, NM 88211-0227

4. Well Location

Unit Letter D : 990 feet from the NORTH line and 660 feet from the WEST line

Section 9 Township 19S Range 28E NMPM County EDDY

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3545' GL

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: SPUD, CMT CSG ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

SPUD WELL @ 7:45 AM ON 4/4/03, DRLD 17 1/2" HOLE TO 406', RAN 10 JTS (410') 13 3/8" 48# H40 8RD CSG TO 406', CMTD W/ 470 SX P+, PLUG DOWN @ 9:30 PM ON 4/4/03, CIRC 174 SX TO PIT. WOC 18 HRS, TESTED CSG TO 600# FOR 20 MIN - HELD OK.

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

SIGNATURE Diana J. Cannon TITLE PRODUCTION ANALYST DATE 4/7/03

Type or print name DIANA J. CANNON

Telephone No. (505) 748-3303

(This space for State use)

APPROVED BY Jim W. Gunn TITLE District Supervisor

DATE APR 9 2003

Conditions of approval, if any: