

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., 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 May 08, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-015-32350

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

MILKY WAY FEE

8. Well Number

1

9. OGRID Number

14049

10. Pool name or Wildcat

TANSILL DAM; ATOKA

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 A : 760 feet from the NORTH line and 990 feet from the EAST line

Section 9 Township 22S Range 27E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3085' GL

12. 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: RECOMPLETION/ DHC ☒

13. 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 recompletion.

RECOMPLETED IN THE ATOKA AS FOLLOWS:

2/4/05 - SET 5 1/2" COMPOSITE FRAC PLUG @ 11100'.

2/7/05 - PERF THE ATOKA @ 10757' - 10966' (28 SHOTS).

2/8/05 - ACIDIZE W/ 3000 GAL 15% NEFE ACID. FLOW/SWAB TEST.

ULTIMATELY PLAN TO COMMINGLE WITH THE MORROW.

(SEE ADMINISTRATIVE ORDER #DHC-3400)

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

SIGNATURE Diana Cannon TITLE PRODUCTION ANALYST DATE 2/15/05

Type or print name DIANA J. CANNON

Telephone No. (505) 748-3303

(This space for State use)

APPROVED BY FOR RECORDS ONLY DATE FEB 18 2005

Conditions of approval, if any: