

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.
30-015-30732

Indicate Type of Lease
STATE ☒ FEE ☐

State Oil & Gas Lease No.
VC-0004

Lease Name or Unit Agreement Name
MUSKEGON SOUTH 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 ☒ GAS WELL ☐ OTHER ☐

Name of Operator
MARBOB ENERGY CORPORATION

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

Well Location
Unit Letter I : 2310 Feet From The SOUTH Line and 990 Feet From The EAST Line
Section 20 Township 17S Range 29E NMPM EDDY County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3597'

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 @ 2:15 P.M. 4/8/00. DRLD 12 1/4" HOLE TO 393', RAN 9 JTS 8 5/8" J-55 24# CSG TO 390', CMTD W/300 SX PREM PLUS, PLUG DOWN @ 11:00 P.M., CIRC 86 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.

SIGNATURE Robin Cockrum TITLE PRODUCTION ANALYST DATE 04-10-00

TYPE OR PRINT NAME ROBIN COCKRUM TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY Jim W. Gurn TITLE District Supervisor DATE 4-13-00

CONDITIONS OF APPROVAL, IF ANY: