

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. 30-015-31008
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. 1
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>DH</u> : 330 Feet From The NORTH Line and 990 Feet From The WEST Line Section 27 Township 17S Range 29E NMPM EDDY County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3542'	

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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 @ 3:30 P.M. 3/26/00. DRLD 12 1/4" HOLE TO 405'. RAN 9 JTS 8 5/8" J-55 24# CSG TO 394'. CMTD W/400 SX P+ 2% CACL2, PLUG DOWN @ 11:00 A.M. 3/27/00. DID NOT CIRC CMT, RIH W/1" TBG FOR TOP-OUT JOB, TAG @ 55', RU HALLIBURTON & MIXED 300 SX P+ 4& CACL2, CMT TO CELLAR IN 63 SX, 237 SX TO FILL UP WASHED OUT CELLAR. FINISH TOP-OUT JOB @ 8:15 P.M. 3/27/00. 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 03-28-00

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

(This space for State Use)

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

CONDITIONS OF APPROVAL, IF ANY: