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

OIL CONSERVATION DIVISION

WELL API NO. 30-015-31008
sIndicate Type of Lease STATE X FEE
sState Oil & Gas Lease No. B-7596
Lease Name or Unit Agreement Name
BR-549 STATE

P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco St. Santa Fe, NM 87505 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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: GAS OIL X WELL OTHER ₃Well No. 2Name of Operator MARBOB ENERGY CORPORATION 1 3Address of Operator Pool name or Wildcat P.O. BOX 227, ARTESIA, NM 88210 EAST EMPIRE YESO √Well Location 330 **NORTH** 990 WEST Unit Letter Feet From The Feet From The Line 27 Section **17S** 29E **EDDY** Township NMPM Range County 10 Elevation (Show whether DF, RKB, RT, GR, etc.) 3542' GR 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ANBANDONMEN PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER: TD, CMT CSG 12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD WELL @ 4:45 A.M. 4/6/00. DRLD 7 7/8" HOLE TO 4559', RAN 111 JTS 5 1/2" J-55 17# CSG TO 4559', CMTD 1ST STAGE W/350 SX SUPER H, PLUG DOWN @ 4:00 A.M. 4/7/00, CIRC 150 SX TO SURF, CMTD 2ND STAGE W/950 SX HALL LITE, PLUG DOWN @ 12:15 P.M. 4/7/00, CIRC 160 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK. DV TOOL @ 3257'



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I hereby certify that the information above is true and complete to the best of my knowledge and	belief.
SIGNATURE CYODUN COCUMUMO TITLE PR	RODUCTION ANALYST DATE 04-10-00
TYPE OR PRINT NAME ROBIN COCKRUM	TELEPHONE NO. 748-3303
(This space for State Use) Jim W. Gum	District Sygnivisor
APPROVED BYBG7TITLE	DATE 4-/3-CC
CONDITIONS OF APPROVAL, IF ANY:	•