

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL NO.

30-015-29448

Indicate Type of Lease

STATE ☐

FEE ☒

State Oil & Gas Lease No.

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

P. O. BOX 227, ARTESIA, NM 88210

4. Well Location

Unit Letter F : 1900 Feet From The N Line and 1650 Feet From The W Line

Section 17

Township 21S

Range 25E

NMPM

EDDY

County

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

3403' GR

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 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.

SPUD WELL @ 7:00 A.M. 3/26/97. DRLD 12 1/4" HOLE TO 1455',
RUN 37 JTS. 8 5/8" 28# CSG TO 1450', CMTD W/500 SX HALLIBURTON
LITE PREM PLUS + 5#/SX GILSONITE + 1/4# FLOCELE + 2% CACL, TAILED
IN W/200 SX PREM PLUS + 2% CACL, PLUG DOWN @ 9:00 A.M. 3/30/97,
CIRC 147 SX TO SURFACE. WOC 18 HRS., TSTD CSG TO 500# F/20
MINUTES--HELD OK.

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

SIGNATURE Rhonda Nelson TITLE Production Clerk DATE 4/1/97

TYPE OR PRINT NAME TELEPHONE NO. 748-3303

(This space for State Use)

ORIGINAL SIGNED BY TIM W. CUMMINGS
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 4 1997