

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 API NO.  
30-015-29448

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS OF OPERATIONS  
(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.)

MAY - 5 1997

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

5. Lease Name or Unit Agreement Name  
COMO FEE

6. Well No.  
1

7. Pool name or Wildcat  
CATCLAW; UPPER PENN

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

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: TD, CMT CSG <input checked="" type="checkbox"/>	

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.

TD WELL @ 10450' ON 4/26/97. DRLD 7 7/8" HOLE, RAN 248 JTS 5 1/2" 17#  
CSG TO 10445', CMTD W/310 SX SUPER H, PLUG DOWN @ 10:15 P.M. 4/28/97,  
TOC 8550', WOC 18 HRS, TSTD CSG TO 1500# FOR 30 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 5/2/97

TYPE OR PRINT NAME TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR TITLE DATE MAY 29 1997

CONDITIONS OF APPROVAL, IF ANY: