

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

CISF
AP

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

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

WELL API NO.

30-015-31567

Indicate Type of Lease

STATE ☒

FEE

State Oil & Gas Lease No.

L-6381

Lease Name or Unit Agreement Name

CCAP STATE COM

Well No.

2

Pool name or Wildcat

CARLSBAD SOUTH MORROW

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

O

990

Feet From The

SOUTH

Line and

1488

Feet From The

EAST

Line

Section

16

Township

22S

Range

27E

NMPM

EDY

County

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

3102'

RECEIVED
OCT - ARTESIA

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: RUN CSG, CMT

☒

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.

2/25/01 DRLD 12 1/4" HOLE TO 1705', RAN 38 JTS 9 5/8" 36# J-55 CSG TO 1700', CMTD W/ 350 SX INTERFILL "C" & 250 SX PP, PLUG DOWN @ 6:45 P.M., CIRC 73 SX TO SURF. 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

Robin Cockrum

TITLE PRODUCTION ANALYST

DATE 03-01-01

TYPE OR PRINT NAME ROBIN COCKRUM

TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

DATE

MAR 26 2001