

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
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer 3D, 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. 30-015-31797
Indicate Type of Lease STATE FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name WALTERTHON FEE
Well No. 1
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 <input checked="" type="checkbox"/> OTHER	
Name of Operator MARBOB ENERGY CORPORATION	
Address of Operator PO BOX 227 ARTESIA, NM 88210	
Well Location Unit Letter A : 860 Feet From The NORTH Line and 948 Feet From The EAST Line Section 21 Township 22S Range 27E NMPM EDDY County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3109' GR	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER:

PLUG AND ABANDON
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER: INTERMEDIATE CSG, CMT ☒

ALTERING CASING
PLUG AND ABANDONMENT

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.

7/2/01, DRILL 8 3/4" HOLE TO 9032', RAN 218 JTS (9036') 7" 23# P110 & N80 CSG TO 9032', CMTD 1ST STAGE W/ 650 SX "SUPER H", CIRC 150 SX TO PIT, CMTD 2ND STAGE W/ 850 SX HLPP & 100 SX P+ NEAT, CIRC 28 SX TO PIT, PLUG DOWN @ 6:00 AM
7/4/01, WOC 18 HRS. TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK.

RECEIVED
OCD - ARTESIA

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

SIGNATURE

Diana J. Cannon

TITLE PRODUCTION ANALYST

DATE 08-24-01

TYPE OR PRINT NAME DIANA J. CANNON

TELEPHONE NO. 505-748-3303

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY

BK

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Aug 24 2001