

Submit 3 Copies To Appropriate District

Office

District I

1625 N. French Dr., Hobbs, NM 87201

District II

811 South First, Artesia, NM 87201

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico

Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-015-31985

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

L-6381

7. Lease Name or Unit Agreement Name:

CCAP STATE COM

8. Well No.

3

9. 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.)

1. Type of Well:

Oil Well ☐ Gas Well ☒ Other

2. Name of Operator

MARBOB ENERGY CORPORATION

3. Address of Operator

PO BOX 227, ARTESIA, NM 88211-0227

4. Well Location

Unit Letter G : 1792 feet from the NORTH line and 1586 feet from the EAST line

Section 16 Township 22S Range 27E NMPM County EDDY

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

3093' GL

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 ☐ MULTIPLE COMPLETION ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

SPUD WELL @ 10:00 AM ON 1/13/03, DRLD 17 1/2" HOLE TO 358', RAN 9 JTS (361') 13 3/8" 48# H40 CSG TO 358', CMTD W/ 400 SX CLASS "C" P+, PLUG DOWN @ 9:30 AM ON 1/14/03, CIRC 20 SX TO PIT. WOC 18 HRS, TESTED CSG TO 600# FOR 20 MIN - HELD OK.

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 1/15/03

Type or print name DIANA J. CANNON

Telephone No. (505) 748-3303

(This space for State use) **ORIGINAL SIGNED BY TIM W. GUM**
DISTRICT IV SUPERVISOR

APPROVED BY _____ TITLE _____

Conditions of approval, if any:

DATE

FEB - 3 1903

2003