

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-025-35132
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. VB-448
Lease Name or Unit Agreement Name HUFF STATE
Well No. 1
Pool name or Wildcat VACUUM ATOKA MORROW NORTH

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator MARBOB ENERGY CORPORATION	
Address of Operator P.O. BOX 227, ARTESIA, NM 88210	
Well Location Unit Letter <b>B</b> : <b>710</b> Feet From The <b>NORTH</b> Line and <b>1980</b> Feet From The <b>EAST</b> Line Section <b>22</b> Township <b>17S</b> Range <b>35E</b> NMPM <b>LEA</b> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3935' GR	

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### 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: ☐

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.

DRLD 7 7/8" HOLE TO 12,760'. PLUG WELL PER INSTRUCTION FROM GARY W/ OCD - HOBBS AS FOLLOWS:

1ST PLUG @ 12000', 30 SX CMT  
2ND PLUG @ 11230', 30 SX CMT  
3RD PLUG @ 8465', 30 SX CMT  
4TH PLUG @ 6234', 30 SX CMT  
5TH PLUG @ 4950', 30 SX CMT  
6TH PLUG @ 485', 30 SX CMT, TAGGED PLUG @ 320'  
7TH PLUG @ SURF, 10 SX CMT.

PLUG DOWN @ 8:45 P.M. 10/28/00

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 10-30-00

TYPE OR PRINT NAME ROBIN COCKRUM TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY G W W Johnson TITLE COMPLIANCE OFFICER DATE MAR 15 2002

CONDITIONS OF APPROVAL, IF ANY: