

Submit 3 Copies To Appropriate District Office

**District I**

1625 N. French Dr., Hobbs, NM 87240

**District II**

811 South First, Artesia, NM 87210

**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

<p><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.)</p>		<p><b>WELL API NO.</b> 30-015-23207</p>
<p><b>1. Type of Well:</b> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/></p>		<p><b>5. Indicate Type of Lease</b> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p><b>2. Name of Operator</b> MARBOB ENERGY CORPORATION /</p>		<p><b>6. State Oil &amp; Gas Lease No.</b> L-6381</p>
<p><b>3. Address of Operator</b> PO BOX 227, ARTESIA, NM 88211-0227</p>		<p><b>7. Lease Name or Unit Agreement Name:</b> CARLSBAD STATE COM</p>
<p><b>4. Well Location</b> Unit Letter <u>E</u> : <u>2140</u> feet from the <u>NORTH</u> line and <u>990</u> feet from the <u>WEST</u> line Section <u>16</u> Township <u>22S</u> Range <u>27E</u> NMPM County <u>EDDY</u></p>		<p><b>8. Well No.</b> 1</p>
<p><b>10. Elevation (Show whether DR, RKB, RT, GR, etc.)</b> 3105' GL</p>		<p><b>9. Pool name or Wildcat</b> SOUTH CARLSBAD MORROW</p>

**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: RECOMPLETION ☒

**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.

TESTED THE MORROW ZONE AS FOLLOWS:

2/5/03 - SHOOT PERFS @ 11,509' - 11,512', 2 SPF.

2/6/03 - ACIDIZE PERFS W/ 1000 GAL CLAY-SAFE, 25% METHANOL & 1000 SCF OF N2 PER BBL. NOT PRODUCTIVE, PLAN TO RECOMPLETE IN THE STRAWN ZONE.

(op. to submit clay & claz  
NSL required for Strawn Gas

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 2/20/03

Type or print name DIANA J. CANNON

(This space for State use)

Telephone No. (505) 748-3303

APPROVED BY [Signature] TITLE DISTRICT II SUPERVISOR DATE FEB 25 2003

Conditions of approval, if any: