

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised May 08, 2003

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.)		WELL API NO. 30-015-26223
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator MARBOB ENERGY CORPORATION		6. State Oil & Gas Lease No. E-3635
3. Address of Operator PO BOX 227, ARTESIA, NM 88211-0227		7. Lease Name or Unit Agreement Name SCOGGINS DRAW STATE "C" COM
4. Well Location Unit Letter <u>J</u> : <u>1980</u> feet from the <u>SOUTH</u> line and <u>1980</u> feet from the <u>EAST</u> line Section <u>16</u> Township <u>18S</u> Range <u>27E</u> NMPM County <u>EDDY</u>		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3432.8' GL		9. OGRID Number 14049
		10. Pool name or Wildcat RED LAKE ATOKA; MORROW

12. 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 ☒

13. 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.

WE IDENTIFIED A CASING LEAK AND ELECTED TO PLUG & ABANDON THIS WELL.

SUNDRY FOR INTENT TO PLUG AND ABANDON FILED 11/24/03.

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

SIGNATURE [Signature] TITLE PRODUCTION ANALYST DATE 12/4/03

Type or print name

Telephone No.

(This space for State use)

FOR RECORDS ONLY

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

DEC 09 2003