State of New Mexico
Energy, ...erals and Natural Resources Department

Form C-103
Revised 1-1-89

## OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

| WELL API NO. |
| 30-005-60304 |

5. Indicate Type of Lease
STATE [XX]   FEE [ ]

6. State Oil & Gas Lease No.
B-8385

## 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"
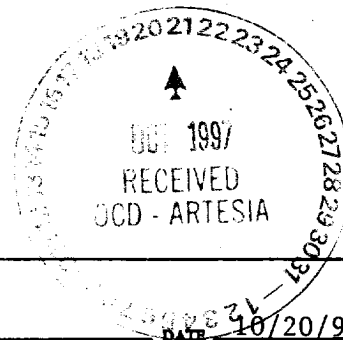(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

STATE CF

1. Type of Well:
OIL WELL [ ]     GAS WELL [ ]     OTHER SWD WDW

8. Well No.
5

2. Name of Operator
MARBOB ENERGY CORPORATION

9. Pool name or Wildcat
FUSSELMAN

3. Address of Operator
P. O. BOX 227, ARTESIA, NM 88210

4. Well Location

Unit Letter __K__ : __1980__ Feet From The __W__ Line and __1980__ Feet From The __S__ Line

Section __13__   Township __11S__   Range __27E__   NMPM   CHAVES   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3785'

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|---|---|---|---|
| PERFORM REMEDIAL WORK [ ] | PLUG AND ABANDON [ ] | REMEDIAL WORK [X] | ALTERING CASING [ ] |
| TEMPORARILY ABANDON [ ] | CHANGE PLANS [ ] | COMMENCE DRILLING OPNS. [ ] | PLUG AND ABANDONMENT [ ] |
| PULL OR ALTER CASING [ ] | | CASING TEST AND CEMENT JOB [ ] | |
| OTHER:_____ [ ] | | OTHER:_____ | [ ] |

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.

RU, PULL TBG, TBG WAS PARTED, LAY DOWN 201 JTS.
TBG, RUN 201 JTS. NEW PC TBG, CIRC PKR FLUID, SET
@ 6294', TEST CSG TO 470# FOR 30 MINUTES--HELD OK.
CHART ATTACHED.

OCT 1997
RECEIVED
OCD - ARTESIA

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

SIGNATURE _Rhonda Nelson_   TITLE _Production Clerk_   DATE _10/20/97_

TYPE OR PRINT NAME

TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TED W. GUM   DISTRICT II SUPERVISOR   TITLE _____   DATE _10/29/97_

CONDITIONS OF APPROVAL, IF ANY: