

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-005-60304
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-8385
7. Lease Name or Unit Agreement Name STATE CF
8. Well No. 5
9. Pool name or Wildcat FUSSELMAN

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WDW <input type="checkbox"/>	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3785' GR
2. Name of Operator MARBOB ENERGY CORPORATION	
3. Address of Operator P. O. BOX 227, ARTESIA, NM 88210	
4. Well Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>WEST</u> Line and <u>1980</u> Feet From The <u>SOUTH</u> Line Section <u>13</u> Township <u>11S</u> Range <u>27E</u> NMMPM CHAVES <u>EDDY</u> County	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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, GET OFF ON/OFF TOOL, TOH, REDRESS ON/OFF TOOL, FOUND HOLE
IN TOP JOINT OF TBG, REPLACE JOINT, RUN BACK IN HOLE, CIRC PKR
FLUID, STING BACK INTO PKR, PRESSURE TEST TO 300# FOR 30 MIN -
HELD OK, RETURN TO INJECTION. SEE CHART ATTACHED

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

SIGNATURE Robin Cochran TITLE Production Clerk DATE 3/18/99
TYPE OR PRINT NAME _____ TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY Jim W. Groom TITLE District Supervisor DATE 3-19-99

CONDITIONS OF APPROVAL, IF ANY: