Submit 3 Copies to Appropriate District Office

APPROVED BY TIES Shillifell

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

			5., ((6)			•	Op
OL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505					WELL API NO. 30-005-62523		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Se	illare, Nivi o	7 303		sIndicate Type of Leas	 ,	
7.0. Stand. 22,7 m. 22,7							X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410					6State Oil & Gas Leas	e No.	
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"							
					7Lease Name or Unit Agreement Name		
(FORM C-101) FOR SUCH PROPOSALS.)					LONG ARROYC	FEE	}
Type of Well: OIL WELL OTHER WDW					MAZ-II NI -		
Name of Operator V MARBOB ENERGY CORPORATION					sWell No.		
₃Address of Operator					Pool name or Wildcat SILURO DEVONIAN		
P.O. BOX 227, ARTESIA, NM 88210					SILUNO DEVO	INIAN	
Well Location Unit Letter K 1980	Feet From The	SOUTH	Line and	2310	Feet From The	WEST Line	•
Section 33	Township	128	Range	28E	NMPM	CHAVES County	
	₁₀Elevatio 3601.6'	n (<i>Show whether DF</i> GR	RKB, RT, GR, etc	c.)	. <u></u>		
11 Check Ap	propriate Box	to Indicate N	ature of Not	ice, Re _l	port, or Other [Data	
l l					SEQUENT RE		
·	PLUG AND A	L	REMEDIAL WO	ORK	,	ALTERING CASING	[
PERFORM REMEDIAL WORK	0NGE 71.		COMMENCE D		PNS	PLUG AND ANBANDONME	ENT
TEMPORARILY ABANDON	CHANGE PLA	1145	CASING TEST		1		· '
PULL OR ALTER CASING							57
OTHER:			OTHER: RE				X
12Describe Proposed or Completed Operations work) SEE RULE 1103.	s (Clearly state all per	tinent details, and giv	ve pertinent dates,	including es	stimated date of starting	g any proposed	
7/21/00 MIRU WOU, UNSEAT GUI TO 2000#, ALL 259 JTS TSTD GOO 8010' W/ 257 JTS 2 7/8" TBG, GET TEST FOR 30 MIN @ 500# - TEST	OFF ON/OFF TO	OOL & CIRC 150	O VISIBLE DAI JT OF HOLE, I BBLS PKR FL	MAGE TO PU ASI-1 LUID, LAT	O PKR, BULL PLU OK PC PKR W/ ON TCH BACK UP TO	G TBG & TEST IN HOL N/OFF TOOL, GIH & SE ON/OFF TOOL & PSI	E :T @
SEE CHART ATTACHED							
VERBAL APPROVAL RECEIVED PER TIM GUMM - OCD ARTESIA						A	
						\$ 0.000 0.000	
						OFOFINED	
				-		RECEIVED OCD ARTESIA	
I hereby certify that the information above is	true and complete to	the best of my knowl	edge and belief.		· · · · ·		
I hereby certify triat the information above is			TITLE PRODUC	CTION AN	NALYST	DATE 07-27-00	
SIGNATURE TO CONTROL C	unu	<i>x1</i> —	<u></u>				
TYPE OR PRINT NAME ROBIN COCKRU							
	М					TELEPHONE NO. 748-3303	3

TITLE Field Rop It DATE 8/9/2000