

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-015-01508
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No. B-1969
Lease Name or Unit Agreement Name COLLIER STATE
Well No. 9
Pool name or Wildcat RED LAKE QUEEN GRBG SA

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL OTHER	
Name of Operator MARBOB ENERGY CORPORATION	
Address of Operator P.O. BOX 227, ARTESIA NM 88210	
Well Location Unit Letter E : 2260 Feet From The NORTH Line and 360 Feet From The WEST Line	
Section 22 Township 17S Range 28E NMPM EDDY County	
Elevation (Show whether DF, RKB, RT, GR, etc.)	

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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 ☐  
OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

WE PROPOSE TO P&A BY SETTING A 20 SX, 100' CMT PLUG FROM 1800-1900', PERF 8 1/4" CSG @ 780', SET 20 SX, 100' CMT PLUG FROM 850-750', PERF 8 1/4" CSG @ 450', SET 20 SX, 100' CMT PLUG FROM 550-450', ATTEMPT TO BULLHEAD 30 SX THRU SQZ HOLES, SET 10 SX SURF PLUG, INNSTALL DRY HOLE MARKER & CLEAN LOCATION



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

SIGNATURE Robin Cackum

TITLE PRODUCTION ANALYST

DATE 07-19-99

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY me 5/2/99

TITLE Field Rep. II

DATE 8/9/99

CONDITIONS OF APPROVAL, IF ANY: