

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 -2310 Feet From The NORTH Line and 360 -330 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
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER:

PLUG AND ABANDON
CHANGE PLANS

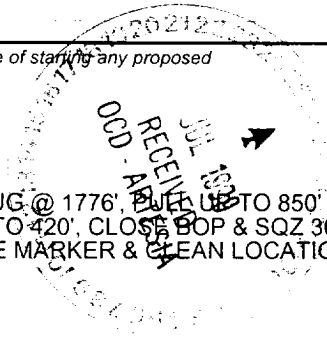
SUBSEQUENT REPORT OF:

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER:

ALTERING CASING
PLUG AND ANBANDONMENT ☒

¹²Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

GO IN HOLE W/TBG OPEN ENDED DOWN TO 1900' & SPOT 20 SX PLUG, WAIT 2 HRS & TAG PLUG @ 1776'. PULL UP TO 850' & SPOT 20 SX PLUG, WAIT 2 HRS & TAG @ 702'. PULL UP TO 550' & SPOT 20 SX PLUG, PULL UP TO 420', CLOSE BOP & SQZ 30 SX OUT BACKSIDE, WAIT 2 HRS & TAG @ 317', SPOT 10 SX IN TOP OF 7" CSG. INSTALL DRY HOLE MARKER & CLEAN LOCATION.



POST ID-2
8-13-99
P+H

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

SIGNATURE Robin Cockrum

TITLE PRODUCTION ANALYST

DATE 07-23-99

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY: