

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

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

MAR 2 1993

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

FWY STATE

8. Well No. 1

9. Pool name or Wildcat

Pool 4-SR

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 ☒

GAS
WELL ☐

OTHER

2. Name of Operator

MARBOB ENERGY CORP.

3. Address of Operator

4. Well Location

Unit Letter C : 990 Feet From The FNL Line and 2310 Feet From The FNL W Line

Section 25

Township 17-S

Range 28-E

NMPM Eddy

County

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

3682 GL

11.

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 ABANDONMENT ☒

CASING TEST AND CEMENT JOB ☐

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.

- (1) Spot 30 sacks cement at 862' W.O.C. Tag cement at 741'
- (2) Load hole w/mud
- (3) Spot 25 sacks cement from 741' to 400'
- (4) Perforate 5½ casing at 400'
- (5) Bull head squeeze 200 sacks cement W.O.C. Tag cement at 136'
- (6) Spot 25 sacks cement at surf. in 5½ casing, outside 5½ casing, Set P&A marker up.

Post ID-2
4-9-93
P&A

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

SIGNATURE

Rayman Malherbe

TITLE

Superintendent

DATE

3-21-93

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

[Signature]

TITLE

EDP

DATE

4/1/93

CONDITIONS OF APPROVAL, IF ANY: