State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT

OIL CONCEDIVATION DIVIDION

P.O. Box 1980, Hobbs, NM 88240	20	SERVA I 940 Pacheco : anta Fe, NM		SION	WELL API NO. 30-015-01572		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	36	ana re, Miyi	0/303		sIndicate Type of Lea		,
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410					6State Oil & Gas Leas	STATE Se No.	FEE
					B-2071		
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"							
					PLease Name or Unit Agreement Name NG PHILLIPS STATE		
(FORM C-101) FOR SUCH PROPOSALS.)							
1Type of Well: OIL GAS WELL WELL	(OTHER WIW					
2Name of Operator ✓ MARBOB ENERGY CORPORATION AND THE PROPERTY OF THE PRO	ONN				eWell No. 4		
3Address of Operator P.O. BOX 227, ARTESIA, NM 88210					∘Pool name or Wildcat ARTESIA QUEEN GRBG SA		
4Well Location Unit Letter 1 : 1650	Feet From The	SOUTH	Line and	330	Feet From The	EAST	Line
Section 27	Township	178	Range	28E	NMPM	EDDY	County
	₁₀Elevation 3663' GF	•	DF, RKB, RT, GR, et	c.)			
11 Check Ap	propriate Box f	lo Indicate	Nature of No	tice, Re	port, or Other D)ata	
				SEQUENT REPORT OF:			

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER: OTHER: 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.

WE INTEND TO P&A WELL AS FOLLOWS:

1. CMT PLUG SUFFICIENT TO COVER 50' AOBVE PERFS * MiN. 25 SX cement Plug. CIRC BRINE GEL
3. PERF 5 1/2" CSG @ 850', SQZ 100' CMT PLUG INSIDE & OUTSIDE 5 1/2" CSG, TAG
4. PERF 5 1/2" CSG @ 559', SQZ 100' CMT PLUG INSIDE & OUTSIDE 5 1/2" CSG, TAG
5. SET 10 SX PLUG @ SURF

PLUG AND ABANDON

CHANGE PLANS

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING



ALTERING CASING

PLUG AND ANBANDONMENT

	E. C. 110168785651
Thereby certify that the information above is true and complete to the best of my knowledge and belief.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE GOOM COMMENT TITLE PRODUCTION AN	VALYST DATE 05-24-00
TYPE OR PRINT NAME ROBIN COCKRUM	TELEPHONE NO. 748-3303
(This space for State Use)	
APPROVED BY TITLE FICH Rep. AF CONDITIONS OF APPROVAL, IF ANY:	DATE 6/5/2000