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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

O. C. D.
ARTESIA DISTRICT

WELL API NO.

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-2071

7. Lease Name or Unit Agreement Name

N.G. Phillips State

8. Well No.
5

9. Pool name or Wildcat
Artesia Queens 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.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Marbob Energy Corporation

3. Address of Operator
P.O. Drawer 217, Artesia, NM 88210

4. Well Location
Unit Letter J : 1650 Feet From The South Line and 1650 Feet From The East Line
Section 27 Township 17-S Range 38-E 28 NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3654' 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 25 sacks cement plug at 1970' W.O.D. run tubing did not tag plug respot 25 sacks of cement at 1910' W.O.C. tag plug at 1826'.
- 2) Load hole W/mud
- 3) Spot 25 sacks cement plug at 1600'
- 4) Spot 25 sacks cement plug at 900'
- 5) Spot 25 sacks cement plug at 610'
- 6) Spot 10 sacks cement plug at surface

Part IO-2
1-15-93
P & A

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

SIGNATURE

Raymond McVicker

TITLE

Supervisor

DATE

12-28-92

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

Ray Smith

TITLE

DATE

APR 29 1993

CONDITIONS OF APPROVAL IF ANY: