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NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

AUG 29 1975

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

| |
|--|
| 5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. B-2071 |
| 7. Unit Agreement Name |
| 8. Farm or Lease Name N.G. Phillips State |
| 9. Well No. 15 |
| 10. Field and Pool, or Wildcat East Empire Yates -SR |
| 12. County Eddy |

SUNDY 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. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
Marbob Energy Corporation ✓

3. Address of Operator
P. O. Box 304, Artesia, New Mexico 88210

4. Location of Well
UNIT LETTER **J** **2310** FEET FROM THE **South** **2310** FEET FROM
East **27** **17 S** **28 E**
THE **27** LINE, SECTION **17 S** TOWNSHIP **28 E** RANGE **28 E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3655 G. L.

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

| | |
|--|--|
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | CASING TEST <input type="checkbox"/> |
| OTHER <input type="checkbox"/> | OTHER <input type="checkbox"/> |

surface casing report

17. 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.

August 27, 1975: Ran 500' of 7" surface casing
drilling ahead

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

SIGNED E. G. G. Hammond TITLE Agent DATE 8/28/75

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE SEP 2 1975

CONDITIONS OF APPROVAL, IF ANY: