

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2685
SANTA FE, NEW MEXICO 87501
SEP 01 1984
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
V-220

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Marbob Energy Corporation 3. Address of Operator P.O. Drawer 217, Artesia, N.M. 88210 4. Location of Well UNIT LETTER <u>L</u> <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>23</u> TOWNSHIP <u>17S</u> RANGE <u>28E</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3579' GR	7. Unit Agreement Name 8. Farm or Lease Name State 23 9. Well No. 1 10. Field and Pool, or Wildcat Empire Yates SR 12. County Eddy
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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"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

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.

We propose to plug & abandon this well by bailing hole dry and filling w/ready mix to surface.

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

SIGNED Leslie A. Clements TITLE Production Clerk DATE 9-1-84

Original Signed By
Leslie A. Clements
Supervisor District II

APPROVED BY _____ DATE SEP 6 1984

CONDITIONS OF APPROVAL, IF ANY: