

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

| | |
|------------------------|-------------------------------------|
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| LAND OFFICE | |
| OPERATOR | <input checked="" type="checkbox"/> |

| | |
|---|------------------------------|
| 5a. Indicate Type of Lease | |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. | |
| E-1351 | |

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- | | 7. Unit Agreement Name |
| 2. Name of Operator Marbob Energy Corporation | | 8. Farm or Lease Name State 22 |
| 3. Address of Operator P.O. Drawer 217, Artesia, N.M. 88210 | | 9. Well No. 1 |
| 4. Location of Well UNIT LETTER <u>N</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE, SECTION <u>22</u> TOWNSHIP <u>17S</u> RANGE <u>28E</u> NMPM. | | 10. Field and Pool, or Wildcat Empire Yates SR, East |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3598' GR | | 12. County Eddy |

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 type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPMS. <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"/> | OTHER <u>Return to production</u> <input checked="" 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 1503.

8/1/84 Changed pump, returned well to production.

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

SIGNED Carolyn Gussella TITLE Production Clerk DATE 9/17/84

APPROVED BY Leslie A. Clements TITLE Supervisor District II DATE SEP 18 1984
CONDITIONS OF APPROVAL, IF ANY: