

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-015-30865

Indicate Type of Lease
STATE ☐ FEE ☒

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name
MANEATER 30 FEE COM

Well No.
1

Pool name or Wildcat
EAGLE CREEK, ATOKA-MORROW, EAST

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.)

Type of Well:
OIL ☐ GAS WELL ☒ OTHER ☐

Name of Operator
MARBOB ENERGY CORPORATION

Address of Operator
P.O. BOX 227, ARTESIA, NM 88210

Well Location
Unit Letter G 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line
Section 30 Township 17S Range 25E NMPM EDDY County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3635'

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 ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: SPUD, CMT CSG ☒

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.

SPUD WELL @ 9:00 P.M. 12/27/99. DRLD 17 1/2" TO 250', RAN 6 JTS 13 3/8" 48# CSG TO 250', CMTD W/100 SX THICK-SET, CMT DIDN'T CIRC, PLUG DOWN @ 10:30 A.M. 10/28/99, ORDER 350 SX CMT & 1" PVC PIPE, TIH W/PVC PIPE & TAG TOP CMT @ 90' FROM SURF, CMTD W/160 SX PP, CIRC 25 SX TO SURF, CMT CIRC @ 3:30 P.M. WOC 18 HRS, TSTD CSG TO 600# FOR 20 MINUTES - HELD OK.

RECEIVED
OCD ARTESIA

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

SIGNATURE

Robin Cokerum

TITLE

PRODUCTION ANALYST

DATE 12-29-99

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

Jim W. Gurn

TITLE

District Supervisor

DATE

1-3-00

CONDITIONS OF APPROVAL, IF ANY: