

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.  
30-015-30977

Indicate Type of Lease  
STATE ☒ FEE ☐

State Oil & Gas Lease No.  
E-647

Lease Name or Unit Agreement Name  
"D" STATE

Well No.  
18

Pool name or Wildcat  
ARTESIA QUEEN 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.)

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

Name of Operator  
MARBOB ENERGY CORPORATION

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

Well Location  
Unit Letter L : 2310 Feet From The SOUTH Line and 990 Feet From The WEST Line

Section 35 Township 17S Range 28E NMPM EDDY County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
3678' GR

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 @ 11:00 P.M. 5/22/00. DRLD 12 1/4" HOLE TO 513', RAN 12 JTS 8 5/8" J-55 24# CSG TO 511', CMTD W/400 SX PREM PLUS, PLUG DOWN @ 12:00 P.M. 5/23/00, CMT FELL 30', READY MIX TO SURF. WOC 18 HRS, TSTD CSG TO 600# FOR 20 MINUTES - HELD OK.



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

SIGNATURE Robin Cockrum TITLE PRODUCTION ANALYST DATE 05-24-00

TYPE OR PRINT NAME ROBIN COCKRUM TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY Bob TITLE District Supervisor DATE MAY 30 2000

CONDITIONS OF APPROVAL, IF ANY: