

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.  
30-015-31257

Indicate Type of Lease

STATE ☒

FEE ☐

State Oil & Gas Lease No.  
E-647

**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.)

Lease Name or Unit Agreement Name

"D" STATE

Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

Name of Operator  
MARBOB ENERGY CORPORATION

Well No.  
1

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

Pool name or Wildcat  
ARTESIA GLORIETTA YESO

Well Location

Unit Letter M : 990 Feet From The SOUTH Line and 990 Feet From The WEST Line

Section 25 Township 17S Range 28E NMPM EDDY County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
3660' GR

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 ☒

<sup>12</sup>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 @ 4:30 P.M. 8/14/00. DRLD 12 1/4" HOLE TO 512', RAN 12 JTS 8 5/8" J-55 24# CSG TO 507', CMTD W/400 SX PP, PLUG DOWN @ 8:30 A.M. 8/15/00, CIRC 60 SX 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 08-16-00

TYPE OR PRINT NAME ROBIN COCKRUM

TELEPHONE NO. 748-3303

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR *B6A*

APPROVED BY

DATE

AUG 28 2000

CONDITIONS OF APPROVAL, IF ANY: