Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICT I

OIL CONSERVATION DIVISION

E. Al	Form C-103 Revised 1-1-89
L API NO.	

P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco St. Santa Fe, NM 87505		30-015-31421			
DISTRICT II P.O. Drawer DD. Artesia, NM 88210		₅Indicate Type of Lease	STATE X	FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6State Oil & Gas Lease E-647	No.		
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.)			₁Lease Name or Unit Agreement Name			
Type of Well: OIL GAS WELL WELL	OTHER					
Name of Operator MARBOB ENERGY CORPORATION			·	₃Well No. 2		
³ Address of Operator P.O. BOX 227, ARTESIA, NM 88210				Pool name or Wildcat ARTESIA GLOR		
√Well Location Unit Letter P 990 Feet From	The SOUTH	Line and	430	Feet From The	EAST	Line
Section 26 Town	nship 17S	Range	28E	NMPM	EDDY	County
	₁₀ Elevation (<i>Show whether L</i> 3660' GR	DF, RKB, RT, GR, etc	c.)			

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK

PLUG AND ABANDON

REMEDIAL WORK

ALTERING CASING

TEMPORARILY ABANDON

CHANGE PLANS

COMMENCE DRILLING OPNS

PLUG AND ANBANDONMENT

PULL OR ALTER CASING

CASING TEST AND CEMENT JOB

OTHER:

11

OTHER: TD, CMT CSG

12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD WELL @ 7:45 P.M. 1/11/01. DRLD 7 7/8" HOLE TO 4309', RAN 97 JTS 5 1/2" J-55 17# CSG TO 4308', CMTL) 1ST STAGE W/ 275 SX MOD SUPER H, PLUG DOWN @ 9:00 P.M. 1/12/01, CIRC 97 SX TO SURF, CMTD 2ND STAGE W/ 500 SX HALL LITE & 200 SX MOD SUPER H, PLUG DOWN @ 6:00 A.M. 1/13/01, CIRC 150 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FCR 39 MINUTES - HELD OK.

RECENED OCD - ARTESIA

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

SIGNATURE

TITLE PRODUCTION ANALYST

DATE 01-15-01

TYPE OR PRINT NAME ROBIN COCKRUM

TE_EPHONE NO. 748-3303

(This space for State Use)

JAN 1 9 2001

APPROVED BY

DATE