

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

c15F
Op
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. 30-015-31422
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No. E-647
Lease Name or Unit Agreement Name "D" STATE
Well No. 5
Pool name or Wildcat ARTESIA GLORIETTA YESO

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 <input checked="" type="checkbox"/> GAS WELL OTHER
Name of Operator MARBOB ENERGY CORPORATION ✓
Address of Operator P.O. BOX 227, ARTESIA, NM 88210
Well Location Unit Letter M : 990 Feet From The SOUTH Line and 990 Feet From The WEST Line Section 26 Township 17S Range 28E NMPM EDDY County
Elevation (Show whether DF, RKB, RT, GR, etc.) 3677' GR

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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:		OTHER: SPUD, CMT CSG	<input checked="" type="checkbox"/>

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. 1/13/01. DRLD 12 1/4" HOLE TO 445', RAN 12 JTS 8 5/8" 24# J-55 CSG TO 503', CMTD W/ 450 SX PREM PLUS, PLUG DOWN @ 11:00 A.M. 1/14/01, CIRC 75 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
TYPE OR PRINT NAME ROBIN COCKRUM

DATE 01-15-01

TELEPHONE NO. 748-3303

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY

DATE

JAN 19 2001

CONDITIONS OF APPROVAL, IF ANY: