Submit 3 Copies to Appropriate District Office

DISTRICT II

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

FEE

DISTRICT! P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

**OIL CONSERVATION DIVISION** 

2040 Pacheco St. Santa Fe. NM 87505 WELL API NO. 30-015-31422 sIndicate Type of Lease

STATE

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410						₅State 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.)						7Lease Name or Unit Agreement Name "D" STATE		
	GAS WELL		OTHER					
Name of Operator MARBOB ENERGY CORPORATION						«Well No. 5		
3Address of Operator P.O. BOX 227, ARTESIA, NM 88210						Pool name or Wildcat ARTESIA GLORIETTA YESO		
₄Well Location  Unit Letter M		Feet From The	SOUTH	Line and	990	Feet From The	WEST	Line
Section	26	Township	17S	Range	28E	NMPM	EDDY	County
200.031		₁₀Elevatio		DF, RKB, RT, GR, e	tc.)			

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.

CASING TEST AND CEMENT JOB

PLUG AND ANBANDONMENT

PULL OR ALTER CASING

OTHER:

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 @ 10:45 A.M. 1/21/01. DRLD 7 7/8" HOLE TO 4212', RAN 95 JTS 5 1/2" J-55 17# CSG TO 4212', CMTD 1ST STAGE W/ 300 SX MOD SUPER H, PLUG DOWN @ 9:00 A.M. 1/22/01, CIRC 85 SX TO SURF, CMTD 2ND STAGE W/ 550 SX HALL LITE & 250 SX MOD SUPER H, PLUG DOWN @ 4:00 P.M. 1/22/01, CIRC 200 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES -HELD OK.



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

SIGNATURE

TITLE PRODUCTION ANALYST

DATE 01-23-01

TYPE OR PRINT NAME ROBIN COCKRUM

**TELEPHONE NO. 748-3303** 

(This space for State Use)

ORIGINAL SIGNED BY THE WAGUIN DISTRUCT IN SAMERYHOOR (/7)

JAN 2 9 2001

APPROVED BY

DATE