

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

CIST  
AP

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. 30-015-31423
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. E-647
Lease Name or Unit Agreement Name "D" STATE
Well No. 7
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 <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator MARBOB ENERGY CORPORATION	
Address of Operator P.O. BOX 227, ARTESIA, NM 88210	
Well Location Unit Letter C : 430 Feet From The NORTH Line and 2310 Feet From The WEST Line Section 35 Township 17S Range 28E NMPM EDDY County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3682' GR	

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

NOTICE OF INTENTION TO:

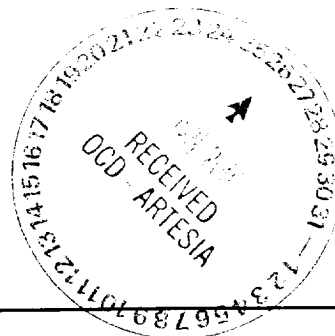
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

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 @ 1:30 P.M. 1/23/01. DRLD 12 1/4" HOLE TO 520', CMTD W/ 12 JTS 8 5/8" J-55 24# CSG TO 515', CMTD W/ 450 SX PREM PLUS, PLUG DOWN @ 3:30 A.M. 1/24/01, CIRC 65 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 01-25-01

TYPE OR PRINT NAME ROBIN COCKRUM

TELEPHONE NO. 748-3303

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 31 2001