

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.  
30-015-31423

Indicate Type of Lease  
STATE ☒ FEE

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 ☒ GAS WELL OTHER

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

11

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK  
TEMPORARILY ABANDON  
PULL OR ALTER CASING  
OTHER:

PLUG AND ABANDON  
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK  
COMMENCE DRILLING OPNS.  
CASING TEST AND CEMENT JOB  
OTHER: TD, CMT CSG

ALTERING CASING  
PLUG AND ANBANDONMENT

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.

TD WELL @ 7:00 A.M. 1/31/01. DRLD 7 7/8" HOLE TO 4400', RAN 99 JTS 5 1/2" J-55 17# CSG TO 4399', CMTD W/ 790 SX PREM PLUS & 50 SX PREM PLUS NEAT, PLUG DOWN @ 10:15 A.M., CIRC 50 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK.

RECEIVED  
OCD - ARTESIA

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 02-02-01

TYPE OR PRINT NAME ROBIN COCKRUM

TELEPHONE NO. 748-3303

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

FEB 9 2001

CONDITIONS OF APPROVAL, IF ANY: