

CLSF
B2

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. 30-015-31424
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. 8
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 505-748-3303	
Well Location Unit Letter B : 430 Feet From The NORTH Line and 1650 Feet From The EAST Line Section 35 Township 17S Range 28E NMPM EDDY County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3674' 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: 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 @ 9:15 P.M. 2/10/01. DRLD 12 1/4" HOLE TO 4422', RAN 98 JTS 5 1/2" J-55 17# CSG TO 4421', CMTD W/ 700 SX PREM PLUS W/ 1% ZONE SEAL (NITRIFIED), TAILED IN W/ 50 SX PREM PLUS, PLUG DOWN @ 10:15 P.M. 2/11/01, CIRC 50 SX TO SURF. BULLHEADED 50 SX PREM PLUS 2% CACL DOWN ANNULUS. 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 02-13-01

TYPE OR PRINT NAME ROBIN COCKRUM

TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY

BA

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

TITLE

DATE

FEB 19 2001

CONDITIONS OF APPROVAL, IF ANY: