

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

RECEIVED
OCD - ARTESIA

WELL API NO.
30-015-31425

Indicate Type of Lease
STATE ☒ FEE

State Oil & Gas Lease No.
E-647

Lease Name or Unit Agreement Name
"D" STATE

Well No.
9

Pool name or Wildcat
ARTESIA GLORIETA 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 A : 430 Feet From The NORTH Line and 330 Feet From The EAST Line
Section 35 Township 17S Range 28E NMPM EDDY County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3668' GR

11

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 @ 6:30 A.M. 3/4/01. DRLD 7 7/8" HOLE TO 4465', RAN 107 JTS 5 1/2" J-55 17# CSG TO 4464', CMTD W/ 750 SX PREM PLUS W/ 1% ZONE DEAL, CAP WELL W/ 50 SX PREM PLUS NEAT, PLUG DOWN @ 5:30 A.M. 3/5/01, CIRC 91 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 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 03-06-01

TYPE OR PRINT NAME ROBIN COCKRUM

TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

TITLE

DATE

MAR 12 2001

CONDITIONS OF APPROVAL, IF ANY: