

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. 30-015-31586
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No. E-647
Lease Name or Unit Agreement Name "D" STATE
Well No. 26
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 <input checked="" type="checkbox"/> GAS WELL OTHER	
Name of Operator MARBOB ENERGY CORPORATION	
Address of Operator P.O. BOX 228, ARTESIA, NM 88210	
Well Location Unit Letter J : 1695 Feet From The SOUTH Line and 2265 Feet From The EAST Line Section 25 Township 17S Range 28E NMPM EDDY County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3672' GR	

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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: SPUD, 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.

SPUD WELL @ 2:00 P.M. 3/17/01. DRLD 12 1/4" HOLE TO 416', RAN 10 JTS 8 5/8" J-55 24# CSG TO 414', CMTD W/ 325 SX PREM PLUS, PLUG DOWN @ 11:45 P.M., CIRC 35 SX TO SURF. WOC 18 HRS, TSTD CSG TO 600# FOR 20 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 03-19-01

TYPE OR PRINT NAME ROBIN COCKRUM

TELEPHONE NO. 748-3303

(This space for State Use)

BD
ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 21 2001