

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 ☒ FEE ☐

State Oil & Gas Lease No.  
E-647

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.)

Lease Name or Unit Agreement Name  
"D" STATE

Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator  
MARBOB ENERGY CORPORATION

Well No.  
26

Address of Operator  
P.O. BOX 227, ARTESIA, NM 88210

Pool name or Wildcat  
ARTESIA GLORIETA YESO

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

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 ☒

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 @ 10:15 A.M. 3/25/01. DRLD 7 7/8" HOLE TO 4340', RAN 104 JTS 17# J-55 CSG TO 4340', CMTD W/ 800 SX PREM PLUS 1% ZONE SEAL, TAILED IN W/ 50 SX PREM PLUS NEAT, PLUG DOWN @ 11:15 A.M. 3/26/01, CIRC 50 SX TO SURF. PUMPED 50 SX PREM PLUS NEAT CAP DOWN BRADENHEAD. 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 03-27-01

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 DATE

CONDITIONS OF APPROVAL, IF ANY:

APR 02 2001