

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

CISF  
AP

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-31927
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No. E-9782
Lease Name or Unit Agreement Name STATE 25
Well No. 1
Pool name or Wildcat LOGAN DRAW WOLFCAMP

**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
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Name of Operator  
MARBOB ENERGY CORPORATION

Address of Operator  
PO BOX 227, ARTESIA, NM 88210

Well Location Unit Letter I 1650 Feet From The SOUTH Line and 990 Feet From The EAST Line Section 25 Township 17S Range 27E NMPM EDDY County
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Elevation (Show whether DF, RKB, RT, GR, etc.)  
3586' GR

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

<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK	REMEDIAL WORK
PLUG AND ABANDON	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.
CHANGE PLANS	PLUG AND ANBANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER:	OTHER: td, CMT CSG <input checked="" type="checkbox"/>

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 @ 4:15 PM ON 8/29/01, DRLD 7 7/8" HOLE TO 8130', RAN 192 JTS (8083') 5 1/2" 17# J55 TO 8097', CMTD 1ST STAGE W/ 600 SX SUPER H, PLUG DOWN @ 11:15 AM ON 8/31/01, CIRC 115 SX TO PIT, CMTD 2ND STAGE W/ 950 SX INTERFIL C, TAIL IN W/ 100 SX P+ NEAT, PLUG DOWN @ 6:00 PM 8/31/01, CIRC 35 SX TO PIT. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MIN - HELD OK.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE <i>Diana J. Cannon</i>	TITLE PRODUCTION ANALYST	DATE 09-05-01
TYPE OR PRINT NAME DIANA J. CANNON		TELEPHONE NO 748-3303

(This space for State Use)

APPROVED BY *[Signature]* TITLE DISTRICT II SUPERVISOR DATE SEP 7 2001

CONDITIONS OF APPROVAL, IF ANY: