

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. 30-015-31994
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. 2
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	
Name of Operator MARBOB ENERGY CORPORATION	
Address of Operator PO BOX 227, ARTESIA, NM 88210	
Well Location Unit Letter P : 455 Feet From The SOUTH Line and 990 Feet From The EAST Line Section 25 Township 17S Range 27E NMPM EDDY County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3603' 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 ☒

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 @ 9:45 PM ON 10/27/01, DRLD 7 7/8" HOLE TO 8150', RAN 193 JTS (8155') 5 1/2" 17# J55 TO 8150', CMTD 1ST ATG W/ 315 SX SUPER "H", PLUG DOWN @ 4:30 AM ON 10/29/01, CIRC 40 SX TO PIT, CMTD 2ND STG W/ 1040 SX INTERFILL "C", TAIL IN W/ 100 SX P+ NEAT, PLUG DOWN @ 12:00 PM ON 10/29/01, DID NOT CIRC. 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

Diana J. Cannon

TITLE PRODUCTION ANALYST

DATE 11-01-01

TYPE OR PRINT NAME DIANA J. CANNON

TELEPHONE NO. 505-748-3303

(This space for State Use)

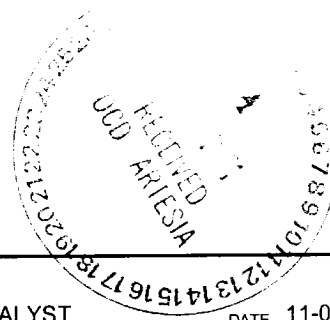
ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



NOV 16 2001