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State of New Mexico Form C-103 to Appropriate District Office erals and Natural Resources Department Energy, Revised 1-1-89 DISTRICT OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-015-03060 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEDERAL STATE FEE L DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) PROPERTY CODE: 6497 1. Type of Well: BURCH KEELY UNIT OIL WELL WIW 2. Name of Operator 8. Well No. MARBOB ENERGY CORPORATION OGRID: 14049 3. Address of Operator 9. Pool name or Wildcat POOL CODE: 28509 P. O. BOX 227, ARTESIA, NM 88210 GRBG JACKSON SR Q GRBG SA 4. Well Location Unit Letter __I $\underline{}:\underline{1980}$ Feet From The $\underline{}$ 660 Line and Feet From The Line 17S Township **EDDY** Section thip 17S Range 29E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER: 12. 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. WELL WOULD NOT PASS CASING INTEGRITY TEST.

IS SMALL & WE CANNOT PUMP INTO IT AND ESTABLISH BACKSIDE WILL BE LOADED & CHECKED QUARTERLY TO ASSURE THERE IS NO SUBSTANTIAL LOSS OF PACKER FLUID OR THAT THE LEAK HAS NOT GOTTEN WORSE.

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| | OIL COM. DIV. |
| I hereby certify that the information above is true and complete to the pest of my knowledge and belief. | 10 10 W W |
| SIONATURE Monda (Sometime Production Clerk | DATE _8/23/96 |
| TYPE OR PRINT NAME | TELEPHONE NO.748-3303 |
| (This space for State Use) | • |
| ORIGINAL SIGNED BY TIM W. GUM APPROVED BY THE TITLE | DATE AUG 2 8 1996 |

CONDITIONS OF APPROVAL, IF ANY: