

clsr
Op

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. 30-015-26098
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. VA-665
Lease Name or Unit Agreement Name Foran State Code : 20366
Well No. 1
Pool name or Wildcat GRBG Jackson Sr Q Grbg Sa

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 ☐

GAS
WELL ☐

OTHER TA

Name of Operator
Marbob Energy Corporation

Address of Operator
P.O. Box 227, Artesia, N M 88210

Well Location

Unit Letter H : 2310 Feet From The North Line and 330 Feet From The East Line

Section 16 Township 17S Range 31E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)

3860 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: ☐

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.

1. Notify OCD 24 Hrs. before start
2. POH w/ rod & tub. set CIBP @ 2080' (perf. @ 2177 to 2330)w/35' cmt
3. RIH circulate well w/ 9.8 # mud
4. Cut & pull 5" casing @ 1600 + or -
5. RIH spot 100' cmt plug 50' in & out stub woc & tag
6. Poh to 660' spot 100' cmt plug 8 5/8 shoe woc & tag
7. POH to 60' circulate cmt to surface
8. cut off well head install dry hole marker

* Min 255x cement Plugs.



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

SIGNATURE Wayne Brooks TITLE agent DATE 09-16-99

TYPE OR PRINT NAME Wayne Brooks TELEPHONE NO. 915- 6848890

(This space for State Use)

APPROVED BY Michael S. [Signature] TITLE Field Rep. II DATE Oct. 15-99

CONDITIONS OF APPROVAL, IF ANY: