

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  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-015-26309  
5. Indicate Type of Lease  
FEDERAL ☐ STATE ☐ FEE ☐  
6. State Oil & Gas Lease No.  
LC-028731B

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.)

1. Type of Well:  
OIL ☐ GAS ☐  
WELL WELL OTHER SWD

2. Name of Operator  
MARBOB ENERGY CORPORATION

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

4. Well Location  
Unit Letter B : 810 Feet From The N Line and 1980 Feet From The E Line  
Section 15 Township 17S Range 29E NMPM EDDY County

7. Lease Name or Unit Agreement Name

DELTA WING FEDERAL

8. Well No.  
1

9. Pool name or Wildcat  
UPPER PENN

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

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 ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
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.

6/6/98 TOH W/PKR, RE-PERF OLD PERFS FROM 8650-8306, RE-ACD W/2000  
GALS 15% NEFE AC, TRIP BACK IN HOLE W/PKR, CIRC PKR FLUID,  
RUN CHART TEST TO 300# F/30 MIN--HELD OK, PUT BACK ON DISPOSAL.  
CHART ATTACHED.

JUN 22 1998  
RECEIVED  
OCD - ARTESIA

DOYLE DAVIS RECEIVED VERBAL APPROVAL TO PROCEED WITH CHART  
TEST FROM BETTY ROLLINS W/OCD-ARTESIA ON 6/16/98.

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

SIGNATURE Rhonda Nelson TITLE Production Clerk DATE 6/22/98  
TYPE OR PRINT NAME TELEPHONE NO. 748-3303

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

APPROVED BY TITLE DATE 6-24-98

CONDITIONS OF APPROVAL, IF ANY: