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Appropriate
istrict 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

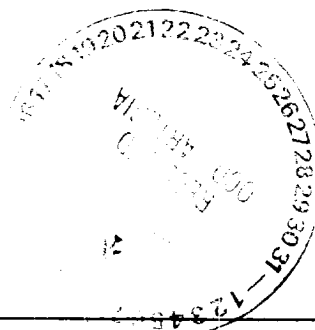
WELL API NO. 30-015-28714
5. Indicate Type of Lease FEDERAL ☒ STATE ☐ XXXXX ☐ FEE ☐ XXX
6. State Oil & Gas Lease No. LC-029435B
7. Lease Name or Unit Agreement Name ARCO "6" FEDERAL
8. Well No. 1
9. Pool name or Wildcat WILDCAT <i>96184 SWD Canyon</i>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3735' GR

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 WELL ☐ GAS 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 <u>K</u> : <u>1800</u> Feet From The <u>SOUTH</u> Line and <u>1410</u> Feet From The <u>WEST</u> Line Section <u>6</u> Township <u>17S</u> Range <u>31E</u> NMPM <u>EDDY</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3735' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☒ CONVERT TO SWD ☒

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.

PERF 9296-9464', ACD W/5000 GALS 15% NEFE & ESTB RATE W/HALLIBURTON,
TIH & SET CIBP @ 10485' W/40' CMT ON TOP, TIH W/PKR, SET PKR @ 9250',
LOAD & TEST ANNULAS TO 500# - TEST OK.



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

SIGNATURE Robin Cochran TITLE Production Clerk DATE 12/8/98
TYPE OR PRINT NAME _____ TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY Mike Stork TITLE Field Rep. II DATE 12/8/98

CONDITIONS OF APPROVAL, IF ANY: