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

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco St. Santa Fe, NM 87					505		WELL API NO. 30-015-30725		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210							₅Indicate Type of Leas	e STATE	FEE.
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410							₀State Oil & Gas Lease No. V-2207		
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.)							₁Lease Name or Unit Agreement Name		
Type of Well: OIL GAS WELL X WEL		(OTHER				FORAN STATE		
Name of Operator MARBOB ENERGY CORPORATION							₃Well No. 2		
3Address of Operator P.O. BOX 227, ARTESIA, NM 88210 505-748-3303							∘Pool name or Wildcat CEDAR LAKE YESO		
₄Well Location	4050	et From The	NORTH		Line and	330	Feet From The	EAST	Line
Section	16	Township	178		lange	31E	NMPM	EDDY	County
		₁₀Elevation 3863'	(Show whethe	er DF, F	RKB, RT, GR, etc.)			
11 Ch	eck Appr	opriate Box	to Indicate	e Na	ture of Noti		oort, or Other D		
NOTICE OF INTENTION TO:							SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON					REMEDIAL WORK ALTERING CASING				
EMPORARILY ABANDON CHANGE PLANS					COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT				
ULL OR ALTER CASING					CASING TEST AND CEMENT JOB				
OTHER:	OTHER: SPUD, CM						r csg X		
12Describe Proposed or Completed work) SEE RULE 1103.	Operations (C	learly state all pert	nent details, ar	nd give	pertinent dates, ir	ncluding es	timated date of starting	any proposed	
SPUD WELL @ 6:00 P.M. SX PP, PLUG DOWN @ 5:	00 A.M. 9/1	2/99, CIRC 18	5 SX TO SU	JRF.	MOC 18 HRS	, 18100	# H-40 ST&C CSC ST TO 600# FOR 13 14 15 74 A CEIVED ARTESIA	S TO 476', CN 20 MINUTES	ATD W/475 - HELD OK.
I hereby certify that the information	above is true	and complete to the	ne best of my k		lge and belief. _{"LE} PRODUC"	TION AN	ALYST	DATE 09-	13-09
TYPE OR PRINT NAME ROBIN C	OCKRUM			'''				TELEPHONE NO.	
(This space for State Use)			B6*	ę	^	٠ ــــــــــــــــــــــــــــــــــــ		 	
APPROVED BY	Sim	W. Su	m		TLE	drie	1 Supervisi	N DATE 9	-20-99