

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CISF
8/2

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

2040 Pacheco St.
Santa Fe, NM 87505

| |
|--|
| WELL API NO. 30-015-31037 |
| Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| State Oil & Gas Lease No. B-7596 |
| Lease Name or Unit Agreement Name BR-549 |
| Well No. 3 |
| Pool name or Wildcat EAST EMPIRE YESO |

| | |
|--|--|
| 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | |
| Name of Operator MAFBOB ENERGY CORPORATION | |
| Address of Operator P.O. BOX 227, ARTESIA, NM 88210 | |
| Well Location Unit Letter <u>E</u> : <u>1600</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>WESTQ</u> Line Section <u>27</u> Township <u>17S</u> Range <u>29E</u> NMPM <u>EDDY</u> County | |
| Elevation (Show whether DF, RKB, RT, GR, etc.) 3548' 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: SPUD, CMT CSG ☒

¹²Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

SPUD WELL @ 6:00 p.m. 7/20/00. DRLD 12 1/4" HOLE TO 430', RAN 10 JTS 8 5/8" 24# J-55 CSG TO 422', CMTD W/300 SX PP, PLUG DOWN @ 8:00 A.M., TOC 65', USED 20 YDS READY MIX. WOC 18 HRS, TSTD CSG TO 600# FOR 20 MINUTES - HELD OK.



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

SIGNATURE Robin Cockrum TITLE PRODUCTION ANALYST DATE 07-24-00

TYPE OR PRINT NAME ROBIN COCKRUM TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY Jim W. Green TITLE District Supervisor DATE JUL 25 2000

CONDITIONS OF APPROVAL, IF ANY: