

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 STATE
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 MARBOB 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>WEST</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 OF: ALTER CASING ☐  
OTHER: ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: TD, CMT CSG ☒

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.

TD WELL @ 8:00 P.M. 8/11/00. DRLD 7 7/8" HOLE TO 4580', RAN 111 JTS 15.5# J-55 CSG TO 4572', CMTD 1ST STAGE W/350 SX SUPER H, PLUG DOWN @ 8:45 A.M. 8/13/00, CIRC 94 SX TO SURF, CMTD 2ND STAGE W/1200 SX HALL LITE & 200 SX SUPER H, PLUG DOWN @ 11:00 A.M. 8/13/00, CIRC 116 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK.

RECEIVED  
OCD ARTESIA

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

SIGNATURE Robin Cockrum TITLE PRODUCTION ANALYT DATE 08-14-00

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

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE AUG 28 2000

CONDITIONS OF APPROVAL, IF ANY: