Submit 3 Copies to Appropriate District Office

DISTRICT II

## 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

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

**PULL OR ALTER CASING** 

work) SEE RULE 1103.

OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505

WELL API NO. 30-015-31165

SUBSEQUENT REPORT OF:

ALTERING CASING

PLUG AND ANBANDONMEN

00 010 01100		
Indicate Type of Lease		
	·	

P.O. Drawer DD, Artesia, NM 8	38210					sIndicate Type of Leas	STATE	FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, N	M 87410			· .		₀State Oil & Gas Leas E-647		
(DO NOT USE THIS FOR	RM FOR PROP RENT RESER	POSALS TO DRI	LICATION FOR P	N OR PLUG BA	CK TO A	nLease Name or Unit	Agreement Name	
₁Type of Well: OIL WELL <b>X</b>	GAS		OTHER					
2Name of Operator MARBOB ENERGY CO	ORPORATIO	N				₃Well No. 10		
₃Address of Operator P.O. BOX 227, ARTES	SIA, NM 882	10				₃Pool name or Wildca ARTESIA GLOF		
Well Location Unit Letter D	330	Feet From The	NORTH	Line and	990	Feet From The	WEST	Line
Section	36	Township	17S	Range	28E	NMPM	EDDY	County
		∞Elevat 3679'	ion ( <i>Show whether L</i> GR	DF, RKB, RT, GR, e	tc.)			
11	Check Ap	propriate Bo	x to Indicate	Nature of No	tice, Re	oort, or Other D	ata	

OTHER: TD, CMT CSG OTHER: 12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

PLUG AND ABANDON

**CHANGE PLANS** 

NOTICE OF INTENTION TO:

TD WELL @ 2:45 P.M. 1/1/01. DRLD 7 7/8" HOLE TO 4505', RAN 104 JTS 5 1/2" J-55 17# CSG TO 4504', CMTD 1ST STAGE W/ 300 SX MOD SUPER H, PLUG DOWN @ 9:30 P.M. 1/2/01, CIRC 75 SX TO SURF, CMTD 2ND STAGE W/ 650 SX HALL LITE & 200 SX MOD SUPER H, PLUG DOWN @ 6:00 A.M. 1/3/01, CIRC 150 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK. DV TOOL @ 3163'.

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB



		ES/A CO
I hereby certify that the inform		6181119
SIGNATURE _ CO	TITLE PRODUCTION ANALYST	DATE 01-04-01
TYPE OR PRINT NAME ROBIN	N COCKRUM	TELEPHONE NO. 748-3303
(This space for State Use)	ORIGINAL SIGNED BY TIM W. SUM	JAN 2 0 2001
APPROVED BY	DISTRUCT H SUPERVISOR /S / TITLE	DATE
CONDITIONS OF APPROVAL, IF A	NY:	