

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

CISE  
DP

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-31557
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No. E-4200
Lease Name or Unit Agreement Name DURANGO "15" STATE COM
Well No. 1
Pool name or Wildcat GRAYBURG MORROW

**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       GAS WELL       OTHER SWD WELL

Name of Operator  
MARBOB ENERGY CORPORATION

Address of Operator  
PO BOX 227, ARTESIA, NM 88210

Well Location  
 Unit Letter **D**      Feet From The **660**      NORTH      Line and **660**      Feet From The **WEST**      Line  
 Section **15**      Township **17S**      Range **29E**      NMPM      **EDDY**      County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
3564'

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK	REMEDIAL WORK
TEMPORARILY ABANDON	ALTERING CASING
PULL OR ALTER CASING	COMMENCE DRILLING OPNS.
OTHER: CONVERT TO SALT WATER DISPOSAL <input checked="" type="checkbox"/>	PLUG AND ANBANDONMENT
	CASING TEST AND CEMENT JOB
	OTHER:

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.

PROPOSAL TO CONVERT THE ABOVE WELL TO SALT WATER DISPOSAL IN ACCORDANCE WITH OCD'S ADMINISTRATIVE ORDER SWD-809.



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

SIGNATURE *Diana J. Cannon* TITLE PRODUCTION ANALYST DATE 09-14-01

TYPE OR PRINT NAME DIANA J. CANNON TELEPHONE NO. 505-748-3303

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: *Record only*