

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

CISF  
[Signature]

Form C-103  
Revised 1-1-89

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. 30-015-31950
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No. VC-004
Lease Name or Unit Agreement Name MUSKEGON SOUTH STATE #3
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 PO BOX 227, ARTESIA, NM 88210	
Well Location Unit Letter I : 1650 Feet From The SOUTH Line and 860 Feet From The EAST Line Section 20 Township 17S Range 29E NMPM EDDY County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3600' 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: 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 @ 9:00 AM ON 11/6/01, DRILD 7 7/8" HOLE TO 4380', RAN 105 JTS (4365.88') 5 1/2" 17# J55 CSG TO 4380', CMTD W/ 1100 SX H/L, TAIL IN W/ 50 SX P+ NEAT, PLUG DOWN @ 7:15 PM ON 11/7/01, CIRC 150 SX TO PIT, PUMPED 50 SX P+ CAP DOWN BRADENHEAD. WOC 18 HRS, TESTED CSG TO 1500# FOR 30 MIN - HELD OK.



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

SIGNATURE

[Signature of Diana J. Cannon]

TITLE PRODUCTION ANALYST

DATE 11-08-01

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: