

Submit 3 Copies  
to Appropriate  
District Office

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

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

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

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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.)

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

RECEIVED

2. Name of Operator

Marbob Energy Corporation ✓

SEP 24 1991

3. Address of Operator

P. O. Drawer 217, Artesia, NM 82810

O. C. D.

ARTESIA OFFICE

8. Well No.

15

9. Pool name or Wildcat

Artesia Queen Grbg SA

4. Well Location

Unit Letter P : 400 Feet From The South Line and 330 Feet From The East Line

Section 7

Township 18S

Range 28E

NMPM

Eddy

County

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

2235' DF

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 ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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.

We propose to plug and abandon as follows: Set cmt plug from TD to 1800'. Set cmt plug from ~~1600-1500~~ 1600-1700'. Set cmt plug from 1100-1000'. Set cmt plug @ 600-400'. Set 60' surface plug. Install dry hole marker and clean location.

1600-1700

Tag

Get Between all Plugs

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

SIGNATURE Robin Smith

TITLE Production Clerk

DATE 9/20/91

TYPE OR PRINT NAME Robin Smith

TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY [Signature]

TITLE [Signature]

DATE 10/7/91

CONDITIONS OF APPROVAL, IF ANY: