

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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OIL CONSERVATION DIVISION

P.O. BOX 2088

SANTA FE, NEW MEXICO 87501

APR 08 1981

O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 11-1-77

5a. Indicate Type of Lease
State ☐ Fee ☒
5. 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 TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Marbob Energy Corp. ✓

3. Address of Operator
P.O. Box 304, Artesia, N.M. 88210

4. Location of Well
UNIT LETTER M 970 FEET FROM THE South LINE AND 330 FEET FROM
THE West LINE, SECTION 8 TOWNSHIP 18S RANGE 28E N.M.P.M.

7. Unit Agreement Name
West Artesia Grbg. Ut.

8. Farm or Lease Name Tr. 12
West Artesia Grbg. Ut.

9. Well No.
24

10. Field and Pool, or Wildcat
Artesia Qn. Grbg. SA

11. Elevation (Show whether DF, RT, GR, etc.)
3612' GR

12. County
Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

7. 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 2325', ran insert float, 8 centralizers, 2325' of 4½" 10.50# new casing, cemented w/375 sax Halliburton Lite, 6# gilsonite, ½# flocele, 8# salt per sack; 250 sax Class H, 5/10% CFR 2, 5# salt, 10# sand per sack. Circulated approximately 25 sax. Plug down 10:00 p.m. 4/2/81.

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

SIGNED Carolyn Davis TITLE Production Clerk

DATE 4/6/81

PROVED BY Mike Williams TITLE OIL AND GAS INSPECTOR

DATE APR 13 1981

CONDITIONS OF APPROVAL, IF ANY: