

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-30775
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. V-5503
Lease Name or Unit Agreement Name SDX STATE
Well No. 1
Pool name or Wildcat MORROW, TURKEY TRACK, NORTH

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator MARBOB ENERGY CORPORATION	
Address of Operator P.O. BOX 227, ARTESIA, NM 88210	
Well Location Unit Letter <u>N</u> : <u>990</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>36</u> Township <u>18</u> <u>1</u> <u>S</u> Range <u>28E</u> NMPM <u>EDDY</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3401' 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: SPUD, CMT CSG ☒

¹²Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

SPUD WELL @ 2:00 A.M. 11/12/99. DRLD 12 1/4" HOLE TO 420', RAN 9 JTS 13 3/8" 54.5# CSG TO 420', CMTD W/450 SX PREM PLUS, PLUG DOWN @ 4:30 P.M., CIRC 40 SX TO SURF. WOC 18 HRS, TSTD CSG TO 600# FOR 20 MINUTES - HELD OK.



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

SIGNATURE

Robin Cockrum

TITLE PRODUCTION ANALYST

DATE 11-15-99

TYPE OR PRINT NAME ROBIN COCKRUM

TELEPHONE NO. 748-3303

(This space for State Use)

Jim W. Green
BGA

APPROVED BY

TITLE

District Supervisor

DATE

12-20-99

CONDITIONS OF APPROVAL, IF ANY: