

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 ☒ FEE ☐

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 ☐ GAS WELL ☒ OTHER ☐

Name of Operator
MARBOB ENERGY CORPORATION

Address of Operator
P.O. BOX 227, ARTESIA, NM 88210

Well Location
Unit Letter N : 990 Feet From The SOUTH Line and 1980 Feet From The WEST Line
Section 36 Township 18S Range 28E NMPM EDDY 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: 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 @ 6:00 A.M. 12/12/99. DRLG 7 7/8" HOLE TO 11,325', RAN 270 JTS 4 1/2" CSG TO 11,325', CMTD 1ST STAGE W/300 SX SUPER H, PLUG DOWN @ 10:30 A.M. 12/14/99, CIRC 15 SX TO SURF, CMTD 2ND STAGE W/480 SX SUPER H, PLUG DOWN @ 5:30 A.M. 12/15/99, TOC 7800' BY TEMP SURVEY. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 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 PRODCUTION ANALYST DATE 12-17-99

TYPE OR PRINT NAME ROBIN COCKRUM TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY Jim W. Green TITLE District Supervisor DATE 12-20-99

CONDITIONS OF APPROVAL, IF ANY: