Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

2151	Form C-103 Revised 1-1-
1271	

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505

WELL API NO. 30-015-31087

	Santa re, INIVI	01000	1			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	,			₅Indicate Type of Lease	e STATE	FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				₅State Oil & Gas Lease E-7179	∍ No.	·-
SUNDRY NOTICES AN	ND REPORTS ON W	ÆLLS				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			₁Lease Name or Unit Agreement Name			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			LP STATE			
Type of Well: OIL GAS WELL X / WELL	OTHER					
2Name of Operator MARBOB ENERGY CORPORATION				₅Well No. 3		
³ Address of Operator P.O. BOX 227, ARTESIA, NM 88210				₃Pool name or Wildcat ARTESIA QUEE		
₄Well Location					WEGT	
Unit Letter M 990 Feet Fron	n The SOUTH	Line and	330	Feet From The	WEST	Line
Section 6 Tow	nship 18S	Range	28E	NMPM	EDDY	County
	₁₀ Elevation (<i>Show whether</i> 3638' GR	DF, RKB, RT, GR, et	fc.)			
11 Check Appropris	ate Box to Indicate	Nature of No	tice, Rep	port, or Other D	ata	

SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO:

NOTICE	OLIMIE	MITON TO.		1			
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WORK	L	ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPNS.		PLUG AND ANBANDONMENT	
PULL OR ALTER CASING				CASING TEST AND CEMENT JOB			
OTHER:				OTHER: TD, CMT CSG			×
The state of the s	d Operations (C	learly state all nertinent details	and give	e pertinent dates, including estimated date	e of starting	g any proposed	

work) SEE RULE 1103.

TD WELL @ 6:15 P.M. 6/30/00. DRLD 7 7/8" HOLE TO 4466', RAN 98 JTS 5 1/2" 17# J-55 CSG TO 4006', CMTD W/775 SX SUPER H, PLUG DOWN @ 10:45 A.M. 7/2/00, CIRC 65 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK.



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I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE TITLE	DD 00110710N ANALYST 07.03.00
TYPE OR PRINT NAME ROBIN COCKRUM	TELEPHONE NO. 748-3303
(This space for State Use) APPROVED BY TITLE	Ristrict Supervisor DATE JUL 0 6 201