

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

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

WELL API NO.
30-015-31967

Indicate Type of Lease
STATE ☒ FEE ☐

State Oil & Gas Lease No.
B-7244

Lease Name or Unit Agreement Name
BPO STATE COM

Well No.
1

Pool name or Wildcat
UNDES. SCOGGIN DRAW; MORROW

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
PO BOX 227, ARTESIA, NM 88210

Well Location
Unit Letter 4 990 Feet From The NORTH Line and 990 Feet From The WEST Line
Section 2 Township 18S Range 27E NMPM EDDY County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3593' GR

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

SUBSEQUENT REPORT OF:
REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER: TD, CMT CSG ☒

ALTERING CASING
PLUG AND ANBANDONMENT

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 @ 7:15 AM ON 10/10/01, DRLD 8 3/4" HOLE TO 10172', RAN 242 JTS (10171') 5 1/2" 17# X95-P110 CSG TO 10166', CMTD 1ST STG W/ 1200 SX MODIFIED "H". CMTD 2ND STG W/ 2150 SX ZONE SEAL NITRIFIED, TAIL IN W/ 100 SX NEAT, PLUG DOWN @ 1:20 PM ON 10/13/01, CIRC 148 SX TO PIT. TOC APPX 4250'. WOC 18 HRS. TSTD CSG TO 1500# FOR 30 MIN - HELD OK.



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

SIGNATURE Diana J. Cannon TITLE PRODUCTION ANALYST

DATE 10-15-01

TYPE OR PRINT NAME DIANA J. CANNON

TELEPHONE NO. 505-748-3303

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

TITLE

DATE

OCT 22 2001

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: