| • | | | | 4.6 | -1/ | |
|---|---|---|---|--|----------|--|
| | | 02/2 | | C13 | 'AD | |
| Submit 3 Copies To Appropriate District | State of New Mex | ico//o | ĺ | Form C-10 | | |
| Office District I | Energy, Minerals and Natura | Resoftinges | WELL API NO. | Revised March 25, 19 | 99 | |
| 1625 N. French Dr., Hobbs, NM 87240 | 0 0 | ANED BY | 30-015-3 | 2231 | | |
| District II 811 South First, Artesia, NM 87210 | OIL CONSER \ TION I | 7117a N/a | 5. Indicate Type of | | | |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 | 2040 South Pache | co o | STATE X | FEE 🗆 | | |
| District IV | Santa Fe, N. 87 | 1-1505 | 6. State Oil & Gas | | | |
| 2040 South Pacheco, Santa Fe, NM 87505 | | | B-72 7. Lease Name or U | | me: | |
| SUNDRY NUTIC. (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.) | ES AND REPORTS ON WELLS LS TO DRILL OR TO DEEPEN OR PLU- TION FOR PERMIT" (FORM C-101) FOR | G BACK TO A | 7. Deuse i valle or c | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 1. Type of Well: | 7 Other | | TDF STATE | | | |
| Oil Well X Gas Well 2. Name of Operator | | | 8. Well No. | | | |
| MARBOB ENERGY CORPORA | ATION | | 9. Pool name or V | 3/113 | | |
| 3. Address of Operator | | | | GLORIETA YESO, NE | | |
| 1 | NM 88211-0227 | | RED LAKE, GL | ORIEIA ILDO | | |
| 4. Well Location | | | 6 . 6 | .i rinom | 12 | |
| Unit Letter F: | 1960 feet from the <u>NORTH</u> | I line and <u>16</u> | 50feet from | the WEST | line | |
| Section 2 | Township 18S Ra | nge 27E | NMPM | County EDDY | | |
| Section 2 | 10. Elevation (Show whether D | | :.) | | | |
| | 3561 GL | type of Notice I | Report or Other D | ata | | |
| 11. Check A | ppropriate Box to Indicate N | SUR | SEQUENT REP | ORT OF: | | |
| NOTICE OF IN | PLUG AND ABANDON | REMEDIAL WORK | < | ALTERING CASIN | ıG 🗌 | |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRI | | PLUG AND ABANDONMENT | | |
| PULL OR ALTER CASING | MULTIPLE COMPLETION | CASING TEST AN CEMENT JOB | ND | | | |
| OTHER: | | OTHER: TD, | CMT CSG | | X | |
| OTHER: 12. Describe proposed or complete of starting any proposed work) or recompilation. | eted operations. (Clearly state all . SEE RULE 1103. For Multiple | pertinent details, an Completions: Attac | nd give pertinent date th wellbore diagram o | is, including estima of proposed comple | ted date | |
| 5 1/2" 17# J55 C 12:30 PM ON 8/18 | M ON 8/17/02, DRLD 7 SG TO 4021', CMTD 1ST 6/02, CIRC 50 SX TO PI "H", PLUG DOWN @ 7:30 SG TO 1500# FOR 30 MI | STG W/ 225 (T: CMTD 2ND (PM ON 8/18/(| SX SUPER THT, STG W/ 425 SX 02, CIRC 90 S | H/L, TAIL I | | |
| I hereby certify that the information SIGNATURE Type or print name DIAN | . LANNON TITLI | e best of my knowle PRODUCTION | ANALYST | DATE 8/1 | | |
| (This space for State use) | ORIGINAL SIGNED BY T | im W. GUM | | Alic s | 28 2002 | |
| APPPROVED BY Conditions of approval, if any: | DISTRICY II SUPERVISO TITLE | T | <u> </u> | DATE | | |
| Conditions of approvar, it will. | | | | | | |