

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO

Form C-103
Revised 10-1-73

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SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

RECEIVED
APR 21 1980

5a. Indicate Type of Lease
State ☐ Fed ☒
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO AN EXISTING WELL. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐
1. Name of Operator
Marbob Energy Corp.
2. Address of Operator
P.O. Box 304, Artesia, N.M. 88210
3. Location of Well
UNIT LETTER J 1980 FEET FROM THE South LINE A 1980 FEET FROM
THE East LINE, SECTION 2 TOWNSHIP 19S RANGE 26E NMPM.

7. Unit Agreement Name
8. Farm or Lease Name
Mack Draw
9. Well No.
1
10. Field and Pool, or Wildcat
Dayton Grayburg
12. County
Eddy

15. Elevation (Show whether DF, RT, GR, etc.)
3289.3 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING O-YS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

Plugged and abandoned well as follows: Swabbed well dry, pulled tubing, filled hole w/5 yds. 5 sack ready mix concrete. Set dry hole marker - 1/29/80.

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

SIGNED Carolyn Orris TITLE Secretary DATE 4/18/80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: