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RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION

JAN - 9 1980

O. C. D.
ARTESIA OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No. B-8876	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR REEQUIP A WELL IN A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL OR REEQUIP FOR SUCH PROPOSALS.)

OIL WELL ☒	GAS WELL ☐	OTHER ☐
Name of Operator Marbob Energy Corp. ✓		
Address of Operator P.O. Box 304, Artesia, N.M. 88210		
Location of Well UNIT LETTER <u>H</u> <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>950</u> FEET FROM THE <u>East</u> LINE, SECTION <u>3</u> TOWNSHIP <u>19S</u> RANGE <u>29E</u> N.M.P.M.		

7. Unit Agreement Name Turkey Track Sec. 3	Ut
6. Farm or Lease Name Turkey Track Sec. 3	Ut
9. Well No. 19	
10. Field and Pool, or Wildcat Turkey Track SR Qn	Grb
11. Elevation (Show whether DE, RT, CR, etc.) 3404 GR	
12. County Eddy	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
WELL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	

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.

12/16/79 TD 2905'. Ran guide shoe, insert float & 10 centralizers, 10' bottom jts., ran 76 jts. 4 1/2" 10.5# casing. Landed @ 2905' KB, 2893' GL, pumped 400 sax Class C 50/50 poz 2% gel, plug down @ 5:30 p.m., ran temperature survey, top of cement @ 1000'.

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

BY <u>Carolyn Davis</u>	TITLE <u>Secretary</u>	DATE <u>1/8/80</u>
BY <u>W. A. Gressett</u>	TITLE <u>SUPERVISOR, DISTRICT II</u>	DATE <u>JAN 10 1980</u>
CONDITIONS OF APPROVAL, IF ANY:		