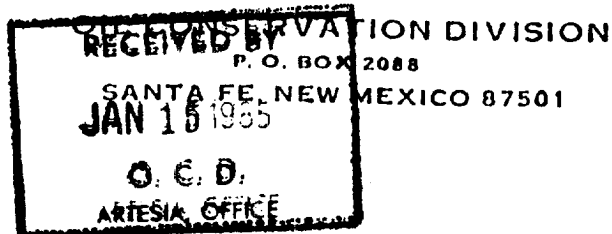


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-103
Revised 10-1-7

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 DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Marbob Energy Corporation ✓ 3. Address of Operator P.O. Drawer 217, Artesia, N.M. 88210 4. Location of Well UNIT LETTER <u>H</u> <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM THE <u>East</u> LINE, SECTION <u>3</u> TOWNSHIP <u>19S</u> RANGE <u>29E</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3415' GR	7. Unit Agreement Name Turkey Track Sec 3 Ut 8. Farm or Lease Name Turkey Track Sec 3 Ut 9. Well No. 29 10. Field and Pool, or WHcat Turkey Track SR Q G SA 12. County Eddy
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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 OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" 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.

TD 3155'. Ran 76 jts. 5½" 15.50# new casing to 3129', cemented w/1000 sax Halliburton Lite and 350 sax Class C. Plug down @ 4:30 p.m. 1/11/85. Circulated 65 sax. WOC 18 hours, tested casing to 1500# f/30 minutes-held okay.

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

SIGNED Carol Ann Gussella TITLE Production Clerk DATE 1/14/85

APPROVED BY Leslie A. Clements TITLE Supervisor District II DATE JAN 16 1985

CONDITIONS OF APPROVAL, IF ANY: