

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-015-31362

Indicate Type of Lease
STATE ☒ FEE ☐

State Oil & Gas Lease No.
V-9390

Lease Name or Unit Agreement Name
TRAPPER "13" STATE COM

Well No.
1

Pool name or Wildcat
LUSK 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
P.O. BOX 227, ARTESIA, NM 88210

Well Location
Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line
Section 13 Township 19S Range 31E NMPM EDDY County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3579' GR

11

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: SET INTERMEDIATE CSG, CMT ☒

¹²Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

11/22/00 DRLD 12 1/4" HOLE TO 4360', RAN 109 JTS 8 5/8" 24# & 32# CSG TO 4360', CMTD 1ST STAGE W/ 700 SX CLASS C, PLUG DOWN @ 7:00 P.M., CMTD 2ND STAGE W/ 1100 SX, PLUG DOWN @ 3:30 A.M. 11/23/00, 1" TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK. EST TOC 2000' BY TEMP SURVEY, DV TOOL @ 2715'.



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

SIGNATURE Robin Cockrum TITLE PRODUCTION ANALYST DATE 11-28-00
TYPE OR PRINT NAME ROBIN COCKRUM TELEPHONE NO. 748-3303

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

NOV 30 2000

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]
CONDITIONS OF APPROVAL, IF ANY: