

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.
30-015-20464

Indicate Type of Lease
STATE FEE ☒

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name
GOPOGO

Well No.
2

Pool name or Wildcat
CARLSBAD MORROW SOUTH

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

Type of Well:
OIL WELL ☒ GAS WELL ☒ OTHER

Name of Operator
MARBOB ENERGY CORPORATION

Address of Operator
PO BOX 227, ARTESIA, NM 88211-0227

Well Location
Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line
Section 24 Township 22S Range 26E NMPM EDDY County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3162' GR

11 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 ANBANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER: RECOMPLETE TO THE STRAWN LIME	<input checked="" type="checkbox"/>	OTHER:	

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.

RECOMPLETE AS FOLLOWS:

1. SET CIBP @ 11,125' AND DUMP 35' CLASS H CEMENT ON CIBP.
2. PERF THE STRAWN LIME @ 10,210' - 10,498' (35 SHOTS)
3. STRADDLE PERFS 10,490' - 10,498' AND PUMP 1000 GAL NEFE 15% HCL ACID.
4. STRADDLE PERFS 10,320' - 10,338' AND PUMP 1000 GAL NEFE 15% HCL ACID.
5. STRADDLE PERFS 10,210' - 10,248' AND PUMP 3000 GAL NEFE 15% HCL ACID.
6. TEST ENTIRE INTERVAL 10,210' - 10,498'.

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

SIGNATURE *Diana J. Cannon*

TITLE PRODUCTION ANALYST

DATE 03-12-02

TYPE OR PRINT NAME DIANA J. CANNON

TELEPHONE NO. 505-748-3303

(This space for State Use)

APPROVED BY *[Signature]* ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 14 2002

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• 1990年 12月 1日 星期一 12月 1日 星期一
1990年 12月 1日 星期一 12月 1日 星期一