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

OIL CONSERVATION DIVISION 2040 Pacheco St.

WELL API NO. 30-015-21501  sIndicate Type of Lease  STATE FEE  STATE FEE  STATE / FEE		
sIndicate Type of Lease  STATE   STATE   FEE  STATE   FEE   STATE    FEE    Lease Name or Unit Agreement Name	•	WELL API NO.
STATE ★ FEE  6State Oil & Gas Lease No.  K-4474  7Lease Name or Unit Agreement Name		30-015-21501
6State Oil & Gas Lease No. K-4474  7Lease Name or Unit Agreement Name		sIndicate Type of Lease
K-4474  7-Lease Name or Unit Agreement Name		STATE X FEE
LIVINGSTON RIDGE UNIT	١.	Lease Name or Unit Agreement Name
		LIVINGSTON RIDGE UNIT

DISTRICT II		S	anta Fe,		7505		30-015-21	501			
P.O. Drawer DD, Artesia, NM 88	3210		,				sIndicate Type of	of Lease			
DISTRICT III									ATE X	FEE	
1000 Rio Brazos Rd., Aztec, NM	87410						State Oil & Gas K-4474	s Lease No.			
SUND	RY NOTICE	S AND REP	ORTS ON	I WEL	LS.			<b>多数2000</b>			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"							<sup>7</sup> Lease Name or Unit Agreement Name				
	(FORM C-10	1) FOR SUCH P	ROPOSALS	3.)			LIVINGSTO	N RIDGE U	NIT		
Type of Well: OIL WELL V	GAS WELL 🔀		OTHER								
2Name of Operator MARBOB ENERGY COI	RPORATION						₅Well No. 1Y			····	
<sup>3</sup> Address of Operator P.O. BOX 227, ARTESIA	A. NM 88210						Pool name or V CABIN LAK		W.		
₄Well Location		<del></del>					CADIN LAK	LATORAT	100	100	
Unit Letter:	1980 Fee	et From The	SOUTH	<del>-</del>	Line and	990	Feet From	TheV	VEST	Line	
Section	36	Township	218		Range	30E	NMPM	EDD	Υ	County	
		₁₀Elevation 3238.7	ı (Show wheth	her DF, .	RKB, RT, GR, et	c.)			nni Mini	4 <b>4.</b>	
<sup>11</sup> C	heck Appr	opriate Box	to Indica	te Na	ture of Not	tice, Rep	ort, or Othe	er Data			
NOTICE	OF INTE	NTION TO	:			SUBS	EQUENT	REPOR	T OF:		
PERFORM REMEDIAL WORK	$\mathbf{X}$	PLUG AND AB	ANDON		REMEDIAL WO	ORK		ALTER	ING CASIN	G [	
TEMPORARILY ABANDON		CHANGE PLA	NS		COMMENCE D	ORILLING OP	vs.	PLUG A	ND ANBAN	DONMENT	
PULL OR ALTER CASING					CASING TEST	AND CEMEN	ІТ ЈОВ				
OTHER:					OTHER:						
12Describe Proposed or Complete work) SEE RULE 1103.	ed Operations (Ci	learly state all perti	nent details, a	nd give	pertinent dates,	including estir	nated date of sta	rting any propo	osed		
RU, ATTEMPT TO RETU						DDUCTION		OCO PROST	SINELL	3 x 5 6 7 8 9 10 17	
SIGNATURE ROBI	Λ	Kru		TITL		TION ANAI	LYST	DATE	11-01-0	0	
TYPE OR PRINT NAME ROBIN (			)						NE NO. 748-		
(This space for State Use)		BX						<del></del>		) Q 2000	

/ 1	rmation above is true and complete to the best of my kn	nowledge and belief.  TITLE PRODUCTION ANALYST	DATE 11-01-00
TYPE OR PRINT NAME ROE	BIN COCKRUM		TELEPHONE NO. 748-3303
(This space for State Use)  APPROVED BY	Sim W. Gum	TITLE District Separois	NOV 2 8 2000
CONDITIONS OF APPROVAL, IF	FANY: Submit plan Fi	nun Bopen Pressum	central BA