

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. 30-015-31597
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No. K-675
Lease Name or Unit Agreement Name CITY OF CARLSBAD COM
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"  
(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 J 1980 Feet From The SOUTH Line and 1500 Feet From The EAST Line  
Section 25 Township 22S Range 26E NMPM EDDY County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
3200' GR

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	REMEDIAL WORK
PLUG AND ABANDON	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.
PULL OR ALTER CASING	PLUG AND ANBANDONMENT
OTHER:	CASING TEST AND CEMENT JOB
	OTHER: RUN CSG, CMT <input checked="" type="checkbox"/>

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.

4/24/01 DRLD 12 1/4" HOLE TO 1705', RAN 38 JTS J-55 36# 9 5/8" CSG TO 1705'. CMTD W/ 400 SX INTERFILL C & 250 SX PP, PLUG DOWN @ 6:30 A.M. 4/25/01, CIRC 25 SX TO SURF. WOC 18 HRS. TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK.



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 05-01-01  
TYPE OR PRINT NAME ROBIN COCKRUM TELEPHONE NO. 748-3303

(This space for State Use)  
APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE JUN 4 2001  
CONDITIONS OF APPROVAL, IF ANY: