

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.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-31567
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No. L-6381
Lease Name or Unit Agreement Name CCAP STATE COM
Well No. 2
Pool name or Wildcat CARLSBAD SOUTH 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 <input checked="" type="checkbox"/> OTHER	
Name of Operator MARBOB ENERGY CORPORATION	
Address of Operator P.O. BOX 227, ARTESIA, NM 88210	
Well Location Unit Letter O : 990 Feet From The SOUTH Line and 1488 Feet From The EAST Line Section 16 Township 22S Range 27E NMPM EDDY County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3102'	

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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: RUN 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.

3/13/01 DRLD 8 3/4" HOLE TO 9040', RAN 214 JTS 7" N-80 & P-110 CSG TO 9038', CMTD 1ST STAGE W/ 700 SX SUPER H, PLUG DOWN @ 6:00 P.M., CIRC 101 SX TO SURF, CMTD 2ND STAGE W/ 1000 SX LITE PREM PLUS & 100 SX PP, PLUG DOWN @ 1:30 A.M. 3/14/01, CIRC 179 SX TO SURF. WOC 18 HTS, 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 03-15-01

TYPE OR PRINT NAME ROBIN COCKRUM

TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

TITLE

DATE MAR 19 2001

CONDITIONS OF APPROVAL, IF ANY: