

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. 30-015-31797
Indicate Type of Lease STATE FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name WALTERTHON FEE
Well No. 1
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator MARBOB ENERGY CORPORATION	
Address of Operator PO BOX 227 ARTESIA, NM 88210	
Well Location Unit Letter A : 860 Feet From The NORTH Line and 948 Feet From The EAST Line Section 21 Township 22S Range 27E NMPM EDDY County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3109' GR	

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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: INTERMEDIATE CSG, CMT ☒

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.

6/18/01 DRLD 12 1/4" HOLE TO 1755', RAN 39 JTS 9 5/8" CSG TO 1755', CMTD W/ 350 SX INTERFIL "C", TAIL IN W/ 250 SX P+, PLUG DOWN @ 1:45 AM 6/18/01, CIRC 73 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

Diana J. Cannon

TITLE PRODUCTION ANALYST

DATE 06-19-01

TYPE OR PRINT NAME DIANA J. CANNON

TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY

BH

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUL 15 2001