

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

CISF
lp

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 100, Artesia, NM 88210

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

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.)		WELL API NO. 30-015-31797
<input type="checkbox"/> Type of Well: OIL WELL GAS WELL <input checked="" type="checkbox"/> OTHER		Indicate Type of Lease STATE FEE <input checked="" type="checkbox"/>
Name of Operator MARBOB ENERGY CORPORATION		State Oil & Gas Lease No.
Address of Operator PO BOX 227 ARTESIA, NM 88210		Lease Name or Unit Agreement Name WALTERTHON FEE
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		Well No. 1
Elevation (Show whether DF, RKB, RT, GR, etc.) 3109' GR		Pool name or Wildcat CARLSBAD SOUTH MORROW

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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: TD, CMT CSG ☒

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.

TD WELL @ 7:00 AM 7/25/01, DRLD 6 1/8" HOLE TO 11990', RAN 289 JTS (11996') 4 1/2" 11.6# P110 CSG TO 11990', CMTD W/ 300 SX "SUPER H", PLUG DOWN @ 3:00 AM 7/27/01. WOC 13 HRS. TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK.

RECEIVED
OCD - ARTESIA

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 07-30-01

TYPE OR PRINT NAME DIANA J. CANNON

TELEPHONE NO. 748-3303

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 19 2001