Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-01<u>5-32280</u> District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 Mindicate Type of Lease 2040 South Packeco District III STATE X 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87 State Oil & Gas Lease No. District IV 2040 South Pacheco, Santa Fe, NM 87505 L-1582 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) 1. Type of Well: Oil Well Gas Well Other PANAGRA COM 8. Well No. Name of Operator MARBOB ENERGY CORPORATION 9. Pool name or Wildcat 3. Address of Operator PO BOX 227, ARTESIA, NM 88211-0227 CARLSBAD MORROW SOUTH 4. Well Location Unit Letter E : 1650 feet from the NORTH line and 660 feet from the FWL 11 Township 23S Range **NMPM** County EDDY Section 26E 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3286' GL 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS PLUG AND **ABANDONMENT** MULTIPLE **CASING TEST AND PULL OR ALTER CASING** COMPLETION **CEMENT JOB** OTHER: INTERMEDIATE CSG, CEMENT OTHER: 12. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 6:15 AM ON 6/2/02, DRLD 12 1/4" HOLE TO 1705', RAN 38 JTS (1709.12') 9 5/8" 36# K55 CSG TO 1705', CMTD W/ 400 SX H/L P+, TAIL IN W/ 200 SX P+, PLUG DOWN @ 1:45 PM ON 6/2/02, CIRC 45 SX TO PIT, WOC 18 HRS. TESTED CSG TO 1500# FOR 30 MIN - HELD OK. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE PRODUCTION ANALYST **SIGNATURE** DATE\_\_6/3/02 CANNON Telephone No. (505) 748-3303 Type or print name Original signed by tim w. Cum (This space for State up DISTRICT II SUPERVISOR

TITLE

DATE

APPPROVED BY

Conditions of approval, if any: