State of New Mexico
Energ. .linerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

WELL API NO.
30-015-24411

5. Indicate Type of Lease
STATE ☐   FEE XX

6. State Oil & Gas Lease No.

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.)

1. Type of Well:
OIL WELL ☐   GAS WELL XX   OTHER

7. Lease Name or Unit Agreement Name

MAYES COM

2. Name of Operator
MARBOB ENERGY CORPORATION

8. Well No.
1

3. Address of Operator
P. O. BOX 227, ARTESIA, NM 88210

9. Pool name or Wildcat
WILDCAT. MORROW

4. Well Location

Unit Letter __F__ : __1980__ Feet From The __NORTH__ Line and __1980__ Feet From The __WEST__ Line

Section __15__   Township __26S__   Range __24E__   NMPM   __EDDY__ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3742' GR

11.   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 DRILL. NG OPNS. ☐   PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER:___SET CSG, CMT_____ ☐

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.

2/10/99   RAN 119 JTS 4 1/2" 11.6# N-80 CSG TO 7740', CMT W/500 GALS
MUD FLUSH & 350 SX PREMIUM & 3# NACL & 5# GILSONITE & 3/10 %
CFR-3 & 4/10% HALAD-344, PLUG DOWN @ 10:30 P.M. 2/10/99, TOC
6000' VIA TEMP SURVEY

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _Robin Cockrum_   TITLE _Production Clerk_   DATE _3/18/99_

TYPE OR PRINT NAME   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: