

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

WELL API NO.

30-015-24411

5. Indicate Type of Lease

STATE ☐

FEE ☒

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 ☒

OTHER

2. Name of Operator

MARBOB ENERGY CORPORATION

3. Address of Operator

P. O. BOX 227, ARTESIA, NM 88210

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 DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

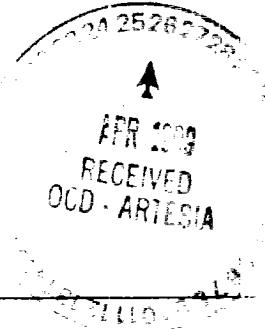
CASING TEST AND CEMENT JOB ☐

OTHER: TA ☒

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.

ATTEMPT COMPLETION IN MORROW HORIZON FROM 7196-7657', PRODUCTION
APPEARS TO BE LIMITED, TA WELL IN ORDER TO EVALUATE FURTHER DRILG
& DEVELOPMENT AND TO JUSTIFY PIPELINES. TA AS FOLLOWS: TA W/TBG
& A RBP SET @ 7162', CIRC PKR FLUID, SI, TSTD CSG TO 300# FOR 30
MIN - HELD OK. SEE CHART ATTACHED.

This Approval of Temporary
Abandonment Expires 2004



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

SIGNATURE

Robin Cochran

TITLE Production Clerk

DATE 4/26/99

TYPE OR PRINT NAME

TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY

Mrs. S. Workfield

TITLE Field Rep. II

DATE May 2, 99

CONDITIONS OF APPROVAL, IF ANY: