

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-015-23207

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

L-6381

7. Lease Name or Unit Agreement Name:

CARLSBAD STATE COM

8. Well No.

1

9. Pool name or Wildcat

SOUTH CARLSBAD MORROW

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO 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

PO BOX 227, ARTESIA, NM 88211-0227

4. Well Location

Unit Letter E : 2140 feet from the NORTH line and 990 feet from the WEST line

Section 16 Township 22S Range 27E NMPM County EDDY

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

3105' GL

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 ☐ MULTIPLE COMPLETION ☐

OTHER: RECOMPLETION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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 recompletion.

MARBOB ENERGY CORPORATION PROPOSES TO TEST THE STRAWN ZONE AS FOLLOWS:

1. PERF THE STRAWN LIME W/ 2 SPF @ 10328' - 10428' (20 SHOTS).
2. STRADDLE 10425'-10428' AND ACIDIZE W/ 1500 GAL NEFE 15% HCL ACID.
3. FLOW/SWAB TEST.
4. STRADDLE 10328'-10338' AND ACIDIZE W/ 2000 GAL NEFE 15% HCL ACID.
5. FLOW/SWAB TEST.
6. PERF THE STRAWN W/ 2 SPF @ 10219' - 10225'.
7. PUMP 1000 GAL NEFE 15% HCL ACID.
8. SWAB/FLOW TEST.

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 2/20/03

Type or print name DIANA J. CANNON

Telephone No. (505) 748-3303

(This space for State use)

APPROVED BY [Signature] TITLE [Signature] DATE FEB 25 2003

Conditions of approval, if any: NSC required. Submit on C101 & C102