| Submit 3 Copies To Appropriate District | State of New Mexico | | Form C-103 |
|--|--|--|--|
| Office District I | Energy, Minerals and Natural Res | ources | May 27, 2004 |
| 1625 N. French Dr , Hobbs, NM 88240 | - | | WELL API NO. |
| District II | OIL CONSERVATION DIVI | SION | 30-015-34935 |
| 1301 W Grand Ave , Artesia, NM 88210 District III | 1220 South St. Francis D | l I | 5. Indicate Type of Lease |
| 1000 Rio Brazos Rd , Aztec, NM 87410 | | | STATE 🗌 FEE 🛛 |
| District IV | Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. |
| 1220 S St. Francis Dr , Santa Fe, NM | | | |
| 87505 | TYONG AND DEPONIES ON HIELIA | | 7 7 77 77 77 77 |
| | TICES AND REPORTS ON WELLS | | 7. Lease Name or Unit Agreement Name |
| | OSALS TO DRILL OR TO DEEPEN OR PLUG BAC | | |
| PROPOSALS.) | LICATION FOR PERMIT" (FORM C-101) FOR SUCH | | SWD 4-22-27 |
| , | Gas Well Other SWD | | 8. Well Number |
| 1. Type of trem on trem | Gas iven E Giner 6 in 2 | | 1 |
| 2. Name of Operator | OCT 1 | E 2007 | 9. OGRID Number |
| Ma | arbob Energy Corporation OCT 1 | J 2001 | 14049 |
| 3. Address of Operator | OCD-A | RTESIA | 10. Pool name or Wildcat |
| PO Box | 227, Artesia, NM 88211-0227 | (120.71 | SWD; Delaware |
| 4. Well Location | | 1 | |
| 1 | | | |
| Unit Letter H : | 2310feet from theNorthlin | | |
| Section 4 | Township 22S Range | 27E | NMPM Eddy County |
| | 11. Elevation (Show whether DR, RKB, I | RT, GR, etc.) | |
| | 3100' GL | • • | |
| Pit or Below-grade Tank Application | | | Delance |
| | waterDistance from nearest fresh water well | Dieto | once from negrect curface water |
| | • | | |
| Pit Liner Thickness: m | il Below-Grade Tank: Volume | bbls; Con | struction Material |
| 12 Check | Appropriate Box to Indicate Nature of | f Notice F | Report or Other Data |
| 12. Check | rippropriate Box to maleute reactive | 1110000, 1 | toport of Other Buta |
| NOTICE OF L | NTENTION TO: | SHIPS | SEQUENT REPORT OF: |
| | | | The state of the s |
| PERFORM REMEDIAL WORK | - <u>- </u> | DIAL WORK | |
| TEMPORARILY ABANDON ' [| | | LING OPNS. P AND A |
| PULL OR ALTER CASING |] MULTIPLE COMPL CASI | IG/CEMENT | JOB 🗌 |
| . •••• | | | |
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| OTHER: | OTHE | | nmence Injection |
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