

Submit 3 Copies to Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., 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

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.	30-015-03054
5. Indicate Type of Lease	FEDERAL <del>STATE</del>
6. <del>State Oil &amp; Gas Lease No.</del>	
FEDERAL LEASE NO.	NMLC028784B
7. Lease Name or Unit Agreement Name	BURCH KEELY UNIT
8. Well Number	69
9. OGRID Number	14049
10. Pool name or Wildcat	GRBG JACKSON SR Q GRBG SA

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-100) 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 G : 1980 feet from the NORTH line and 1980 feet from the EAST line  
Section 23 Township 17S Range 29E NMPM County EDDY

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

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: MECHANICAL INTEGRITY TEST <input checked="" type="checkbox"/>	

13. 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.

6/27/06 - PRESSURE TESTED TUBING/CASING ANNULUS TO 300# FOR  
30 MINUTES - HELD OK.  
(SEE CHART ATTACHED)

*Per Diana Briggs - No packer movement. Test for  
management purposes only*

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Diana J. Briggs TITLE PRODUCTION ANALYST DATE 8/17/06

Type or print name DIANA J. BRIGGS E-mail address PRODUCTION@MARBOB.COM Telephone No. (505) 748-3303  
For State Use Only

APPROVED BY: \_\_\_\_\_ TITLE Accepted for record  
Conditions of Approval (if any): \_\_\_\_\_ NMOCD DATE \_\_\_\_\_

