

Submit 3 Copies to Appropriate District Office

State of New Mexico Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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Op

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-005-61332
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name  TWIN LAKES SAN ANDRES UNIT
8. Well No. 106
9. Pool name or Wildcat TWIN LAKES (SA) ASSOC.

**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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
2. Name of Operator MARBOB ENERGY CORPORATION
3. Address of Operator P. O. BOX 227, ARTESIA, NM 88210
4. Well Location Unit Letter <u>L</u> : <u>330</u> Feet From The <u>WEST</u> Line and <u>2310</u> Feet From The <u>SOUTH</u> Line Section <u>7</u> Township <u>9S</u> Range <u>29E</u> NMPM CHAVES <u>XKHHXX</u> County

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

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	

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.

2/98: SHUT IN WELL, RETURNED TO PRODUCTION

RECEIVED  
ARTESIA

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 3/20/98  
TYPE OR PRINT NAME \_\_\_\_\_ TELEPHONE NO. 748-3303

(This space for State Use)  
APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE 4-2-98

CONDITIONS OF APPROVAL, IF ANY: