	bmit 3 Copies To Appropriate District fice		New M			Form (
	strict I 25 N. French Dr., Hobbs, NM 88240	Energy, Minerals	and Nati	ural Resources	WELL API NO.	March	4, 2004
Dis	strict II DI W. Grand Ave., Artesia, NM 88210	OIL CONSER	VATION	DIVISION		30-015-31041	
Dis	strict III	1220 Soutl			5. Indicate Type STATE	e of Lease	
Dis	00 Rio Brazos Rd., Aztec, NM 87410 strict IV	Santa F	e, NM 8	7505	6. State Oil & C		
	20 S. St. Francis Dr., Santa Fe, NM 505						
	SUNDRY NOT O NOT USE THIS FORM FOR PROPO	ICES AND REPORTS O			7. Lease Name	or Unit Agreement N	ame
DII	FFERENT RESERVOIR. USE "APPLI		M C-101) F	OR SUCH	M DODD R	DEEP FEDERAL	
	OPOSALS.) Type of Well:		R	CEIVED	8. Well Number	DEET FEDERAL	
	Oil Well Gas Well X	Other SWD	JL	JL 1 9 2004		2	
2.	Name of Operator MARBOB ENERGY CORPOR	ATTON	986	-ARTESIA	9. OGRID Num		
3.	Address of Operator	ATTON			10. Pool name o	14049 or Wildcat	
	PO BOX 227, ARTESIA	, NM 88211-0227	'		SWD; PENN		
4.	Well Location				-		
	Unit Letter H :	1980 feet from the	NORT	H line and	1295 feet fro	om the _ EAST	line
				•			
	Section 14	Township 1 11. Elevation (Show wh			NMPM	County EDDY	
		362	5' GL				
	r Below-grade Tank Application (For operation For operation Tank Application For operation For operati						t*
	stance from nearest surface water					. –	
	feet from theline and		_line		,		
	**NO RECORDS FO	UND - PER NEW ME	xico o	FFICE OF THE	STATE ENGIN	EER (SEE ATTAC	CHED).
		appropriate Box to Inc					,
	NOTICE OF IN	TENTION TO:			SEQUENT RE		
PEI	RFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	3 □
TEI	MPORARILY ABANDON	CHANGE PLANS		COMMENCE DRIL	LING OPNS.	PLUG AND	
PU	LL OR ALTER CASING	MULTIPLE		CASING TEST AN	D \square	ABANDONMENT	
		COMPLETION		CEMENT JOB			
ОТІ	HER: WORKOVER PIT		X	OTHER:			
	13. Describe proposed or compl	eted operations. (Clearly	state all p	ertinent details, and	give pertinent dat	es, including estimate	d date
	of starting any proposed wo or recompletion.	rk). SEE RULE 1103. Fo	or Multipl	e Completions: Atta	ach wellbore diagr	am of proposed comp	oletion
	or recompletion.						
							•
here	eby certify that the information a	hove is true and complete	to the be	st of my knowledge	and belief I to at		
grade	tank has been/will be constructed or o	losed according to NMOCD g	uidelines [], a general permit 🔀 o	r an (attached) altern	er certify that any pit or ative OCD-approved pla	below- n □.
SIGN	IATURE LAND	TT	TITLE PI	RODUCTION ANA	LYST	_DATE7/19/04	<u> </u>
Гуре	or print name DIANA J.	CANNON I	E-mail add	iress: PRODUCTIO	N@MARBOB.C♠	dephone No. (505)	748-3303
This	space for State use)			, A		JUL 19	2007
A PPF	PROVED BY	100	TLE /	1 -AA /	70	DATE	
	itions of approval, if any:	"		will Best		DATE	
		•		*			

New Mexico Office of the State Engineer Well Reports and Downloads

Township:	17S Range: 29E Sections: 14	
NAD27 X:	Y: Zone: Search Radius:	
County:	Basin: Number: Suffix:	
Owner Name: (First)	(Last) C Non-Domestic C Domestic	All
Well / Surface Data Re	port Avg Depth to Water Report: Water Column Re	port:
	Clear Form WATERS Menu Help	

AVERAGE DEPTH OF WATER REPORT 07/19/2004

(Depth Water in Feet)
Bsn Tws Rng Sec Zone X Y Wells Min Max Avg

No Records found, try again