

Submit 3 Copies To Appropriate District Office

District I  
1625 N. French Dr., Hobbs, NM 87240

District II  
811 South First, Artesia, NM 87210

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

District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
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 A 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 recompilation.

MARBOB ENERGY CORPORATION PROPOSES TO TEST THE MORROW  
ZONE @ 11,509' - 11,512'.

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 2/17/03

Type or print name DIANA J. CANNON

Telephone No. (505) 748-3303

(This space for State use)

APPROVED BY Diana J. Cannon TITLE District Supervisor DATE FEB 25 2003

Conditions of approval, if any: