Submit 3 Copies To Appropriate District Office State of New Mex	
District I Energy, Minerals and Natur 1625 N. French Dr., Hobbs, NM 88240	al Resources Revised May 08, 2003 WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION	DIVISION 30-015-31927
District III 1220 South St. Fran	1.5 Indicate Lype of Lease
1000 Rio Brazos Rd., Aztec, NM 87410  District IV  Santa Fe, NM 87	
1220 S. St. Francis Dr., Santa Fe, NM 87505	E-9782
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO	
PROPOSALS.) 1. Type of Well:	8. Well Number
Oil Well X Gas Well Other	1
2. Name of Operator  MARROR ENERGY CORPORATION  RECE	9. OGRID Number
2 Address of Oscardon	10 D-1
PO BOX 227, ARTESIA, NM 88211-0227	LOGAN DRAW; WOLFCAMP
4. Well Location OCU-AHTESIA	
Unit Letter I : 1650 feet from the SOUTH line and 990 feet from the EAST line	
Continue 25 m. 1: 170 p.	
Section 25 Township 17S Range 27E NMPM County EDDY  11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3586' GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐	SUBSEQUENT REPORT OF:  REMEDIAL WORK   ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING   MULTIPLE	CASING TEST AND
COMPLETION	CEMENT JOB
OTHER:	OTHER:
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.	
9/2/04 - SET CEMENT RETAINER @ 6960'. 9/7/04 - ACIDIZE PERFS @ 6908' - 6916' W/ 1000 GAL 20% NEFE ACID. AIR 5.0 BPM.	
AIP 700#. WENT ON VACUUM.	W/ 1000 GAL 20% NEFE ACID. AIR 3.0 BFM.
9/17/04 - HANG WELL ON PUMP.	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE TITLE	PRODUCTION ANALYST DATE 10/8/04
Type or print name DIANA J. CANNON	Telephone No. (505) 748-3303
(This space for State use)	
APPPROVED BY	DATE OCT 1 2 2004
Conditions of approval, if any:	DATE