

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.	30-015-02981
5. Indicate Type of Lease	FEDERAL XXXXXXXXXXXXXXXXXXXX
6. XXXXXXXXXXXXXXXXXXXX	
FEDERAL LEASE NO.	NMLC028731A
7. Lease Name or Unit Agreement Name	DODD FEDERAL UNIT
8. Well Number	42
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 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 L : 1980 feet from the SOUTH line and 660 feet from the WEST line
Section 14 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
	P AND A <input type="checkbox"/>
	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input 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.

PLUG AND ABANDON AS FOLLOWS:
NOTIFY BLM 24 HRS BEFORE STARTING PLUGGING OPERATION.

1. POOH W/ PKR & TBG.
 2. SHOOT 4 SQZ HOLES @ 892' (50' BELOW BASE SALT @ 842').
 3. SET CIBP ON TBG @ 2325'. SPOT 10 SX CLASS "C" NEAT CMT ON CIBP. PULL UP TO 2100' & CIRC WELL BORE FULL OF 9 PPG BRINE MIXED W/ 25 SX PER 100 BBLs SALT GEL (APPX 35 BBLs CSG VOLUME).
 4. PULL TBG TO 742'. PUMP 45 SX CLASS "C" + 2% CACL2 TO END OF TBG (PLACING CMT IN/OUT OF CSG). TOOH W/ TBG, LOAD CSG. WOC A COUPLE HRS & TAG CMT W/ TBG.
 5. SHOOT 4 SQZ HOLES @ 519' (50' BELOW 8 5/8" SHOE @ 469'). PUMP 150 SX CLASS "C" + 2% CACL2 DOWN 7" CSG & UP ANNULUS TO FILL WELL FROM 519' TO SURFACE W/ CMT.
 6. CUT W/H & CSG OFF 3' BELOW GROUND LEVEL & REMOVE. WELD PLATE ONTO STUB. WELD 4" DRY HOLE MARKER ONTO PLATE 4' ABOVE GROUND LEVEL.
 7. CUT OFF ANCHORS & RECLAIM LOCATION PER BLM SPECS.
- ***BLM FORM 3160-5 SUBMITTED ON 6/13/06***

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 6/13/06

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 _____ DATE _____
Conditions of Approval (if any): _____

Accepted for record
NMOCD