

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. 30-015-34353
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 Walterscheid 23
8. Well Number 1
9. OGRID Number 14049
10. Pool name or Wildcat Cass Draw; Delaware

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 _____

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 M : 1050 feet from the South line and 660 feet from the West line
Section 23 Township 23S Range 27E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3136' GL

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING <input type="checkbox"/> DEPT. WELL INSPECTOR <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

Plugged & abandoned as follows:

3/18/08 – POOH w/ rods & tbg.
3/19/08 – Set CIBP @ 5325'. Circ plugging mud. Spot 25 sx Class C cmt.
3/24/08 – RIH & cut csg w/ Nitro @ 4462'.
3/25/08 – Pull on csg. Not free. RIH & re-cut csg @ 4350'.
3/26/08 – Pull on csg. No movement.
3/27/08 – RIH to 4182'. Spot 35 sx Class C cmt. WOC. Tag @ 4228'.
3/28/08 – Perf 4 shots @ 3080'. RIH open ended. Spot 25 sx Class C cmt @ 3130'. Perf 4 shots @ 2300'. Spot 50 sx Class C cmt.
3/31/08 – Tag @ 1851'.
4/1/08 – Perf 4 shots @ 493'. Pump 50 sx Class C cmt. WOC. Tag @ 334'. Perf 4 shots @ 60'. Circ 30 sx Class C to surface. Cut off wellhead & anchors. Install dry hole marker.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under forms, www.emnrd.state.nm.us/oed.

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 4/18/08
Type or print name Diana J. Briggs E-mail address: production@marbob.com Telephone No. (575) 748-3303
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____