

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-005-60844

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
TWIN LAKES SAN ANDRES UNIT

8. Well No.
102

9. Pool name or Wildcat
TWIN LAKES (SA) ASSOC.

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
P. O. BOX 227, ARTESIA, NM 88210

4. Well Location

Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line

Section 7 Township 9S Range 29E NMPM CHAVES EBBY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
WELL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	

2. 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.

3/98: SHUT IN WELL, RETURNED TO PRODUCTION

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Robin Capron TITLE Production Clerk DATE 3/20/98

TYPE OR PRINT NAME TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY ROBIN CAPRON TITLE Production Clerk DATE 4-2-98

CONDITIONS OF APPROVAL, IF ANY: