C-151
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Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-005-60962

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

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

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: MARBOB ENERGY CORP.

8. Well No. 62

3. Address of Operator: P.O. DRAWER 227 ARTESIA, NM. 88210 505/748-3303

9. Pool name or Wildcat

4. Well Location
Unit Letter D : 330 Feet From The NORTH Line and 330 Feet From The WEST Line
Section 5 Township 9-S Range 24E NMPM CHAVES 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	☐	PLUG AND ABANDON	☒	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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.

1) SET CIBP ± 2750' CAP W/35' CMT. + TAG
2) LOAD 4½" CSG. W/MUD
3) SPOT 25 SKS. CMT. @ 2086' (TOP SA)
4) SPOT 25 SKS. CMT. @ 755' (TOP SALT)
5) PERF. 4½ CSG. @ 180' (50' BELOW SHOE) + SQUEEZE 35 SKS. OR CIRC. TO SURFACE LEAVING 4½" CSG. FULL.
6) CUT OFF 4½" CSG. BGL. + INSTALL P+A MARKER
7) CUT OFF + REMOVE ANCHORS

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

SIGNATURE Rhonda Nelson TITLE PRODUCTION CLERK DATE 7/18/97

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR TITLE DATE JUL 18 1997