

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-005-63029
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. V-3147-1
Lease Name or Unit Agreement Name Gray Wolf
Well No. 1
Pool name or Wildcat Wildcat

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator Marbob Energy Corporation /	
Address of Operator P.O. Box 227, Artesia, N M 88210	
Well Location Unit Letter <u>J</u> : <u>1992</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>33</u> Township <u>10S</u> Range <u>27E</u> NMPM <u>Chaves</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3773KB	

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

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

### SUBSEQUENT REPORT OF:

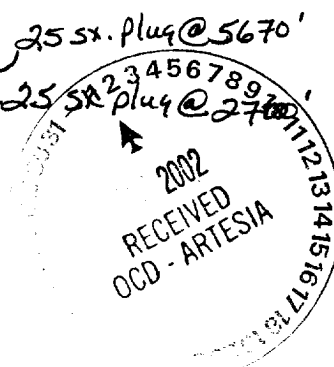
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

Notify OCD 24 Hrs. before starting

1. POH W/ rods & tubing
2. Set CIBP @ 6450 w/ 35' cmt. on top
3. Cut & pull 5 1/2 casing from 5900'
4. RIH to 50' inside stub spot 100' plug 50' in & 50' out tag
5. Spot 100' plug @ 4850' 4854'
6. Spot 100' plug 1485 ( 8 5/8 shoe @ 1435' ) tag
7. Spot 100' plug @ 250'
8. Spot 30' plug @ surface 60'
9. Cut off well head install dry hole marker

Notify OCD 24 hrs. prior to any work done



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

SIGNATURE \_\_\_\_\_ TITLE Agent DATE 01-02-02 07-20-01

TYPE OR PRINT NAME Wayne Brooks TELEPHONE NO. 915 5807161

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE Field Rep ID DATE 1-10-02

CONDITIONS OF APPROVAL, IF ANY: