

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. 30-005-63107
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 MCCLINTOCK FEE
8. Well No. 1
9. Pool name or Wildcat TWIN LAKES; DEVONIAN, SOUTHWEST

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator MARBOB ENERGY CORPORATION	
3. Address of Operator P. O. BOX 227, ARTESIA, NM 88210	
4. Well Location LOT 2139 2 : 2139 Feet From The NORTH Line and 508 Feet From The WEST Line Section 30 Township 9S Range 28E NMPM CHAVES EDDY County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3888' GR	

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"/>	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"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: TD, CMT CSG <input checked="" type="checkbox"/>

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.

TD WELL @ 6785' ON 10/13/96. DRLD 7 7/8" HOLE TO 6785', RAN 151 JTS
J-55 17# 5 1/2" CSG TO 6785', CMTD W/ 100 SX 50/50 POZ, PLUG DOWN @
5:45 A.M. 10/19/96. WOC 18 HRS, TSTD CSG TO 600# FOR 20 MINUTES--HELD
OK.

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 10/21/96
TYPE OR PRINT NAME _____ TELEPHONE NO. 748-3303

(This space for State Use) ORIGINAL SIGNED BY T.M. 11. 2000
DISTRICT 10/21/96

APPROVED BY _____ TITLE _____ DATE NOV 4 1996

CONDITIONS OF APPROVAL, IF ANY: