

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. 30-005-63110
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. VA - 1234
Lease Name or Unit Agreement Name Katie Elder
Well No. 1
Pool name or Wildcat Wildcat

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.)	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
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>2100</u> Feet From The <u>south</u> Line and <u>2200</u> Feet From The <u>East</u> Line Section <u>36</u> Township <u>11S</u> Range <u>27E</u> NMPM <u>Chaves</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3749' GR</u>	

11

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

NOTICE OF INTENTION TO:

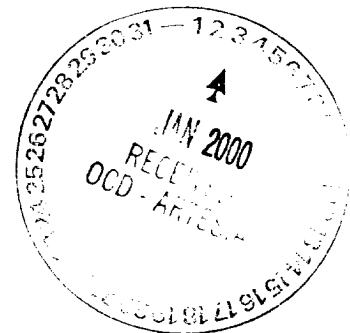
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

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.

1. Notify OCD 24 Hrs. before start
2. POH w/ rods & tub. set CIBP @ 2570 cap W/ 35' cmt.
3. RIH circulate well w/ 9.8# mud
4. POH to 1580 spot 100' cmt. (Grayburg & 8 5/8 shoe)
5. POH to 1060 spot 100' cmt. (Queen) 25% cement plug 1060'-960'
6. cut & pull 5 1/2 400' + or - * 25% cement plug 368'-268'
7. spot 100' cmt. plug 50' in & out cut
8. spot 60' plug @ surface
9. cut off well head instal dry hole marker



* Notify NMCCD to witness Plugging operations.

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

SIGNATURE

Wayne Brooks

TITLE agent

DATE 1-03-2000

TYPE OR PRINT NAME Wayne Brooks

TELEPHONE NO. 915-6848890

(This space for State Use)

APPROVED BY

ma...

TITLE

Field Rep. II

DATE

1/4/2000

CONDITIONS OF APPROVAL, IF ANY: