

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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C/SF
oper

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. 30-005-63120
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VA-1234

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 N : 990 Feet From The S Line and 2310 Feet From The W Line

Section 36 Township 11S Range 27E NMPM CHAVES County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3767' 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 checked="" type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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.

PLUG & ABANDON WELL, SET PLUGS AS FOLLOWS:

35 SX PLUG @ 2760' - LEFT 7 JTS. DRL PIPE IN HOLE (204')
35 SX PLUG @ 1480'
35 SX PLUG @ 301' - WAIT 3 HRS. & TAG @ 188'
15 SX PLUG @ SURFACE
WILL INSTALL DRY HOLE MARKER WHEN RIG MOVES OFF.

Port #0-2
5-9-97
PFA

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

SIGNATURE Shonda Nelson TITLE Production Clerk DATE 3/19/97

TYPE OR PRINT NAME TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE 7-24-97

CONDITIONS OF APPROVAL, IF ANY: