

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.
30-005-63140

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.)

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

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

8. Well No.
203

9. Pool name or Wildcat
TWIN LAKES SAN ANDRES (ASSOCIATED)

4. Well Location
Unit Letter K : 1625 Feet From The SOUTH Line and 2310 Feet From The WEST Line
Section 6 Township 9S Range 29E NMPM CHAVES EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3953' 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <input checked="" type="checkbox"/> TD, CMT CSG

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.

7/31/97 TD WELL @ 2842', DRLD 7 7/8" HOLE, RAN 70 JTS 5 1/2" J-55
17# CSG TO 2848', CMTD W/ 800 SX HALL LITE & 300 SX PREM PLUS, PLUG
DOWN @ 1:33 A.M. 8/1/97. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES-
HELD OK.

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

SIGNATURE Rosin Smith TITLE Production Clerk DATE 8/4/97

TYPE OR PRINT NAME _____ TELEPHONE NO. 748-3303

(This space for State Use) **ORIGINAL SIGNED BY TIM W. GUM**
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 8 1997