

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

AUG - 4 1997

WELL API NO. 30-005-63145
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 RAMOS FEE
8. Well No. 2
9. Pool name or Wildcat LONG ARROYO; DEV., N.E.

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
2. Name of Operator MARBOB ENERGY CORPORATION
3. Address of Operator P. O. BOX 227, ARTESIA, NM 88210
4. Well Location

Unit Letter F : 2596 Feet From The NORTH Line and 2027 Feet From The WEST Line
Section 33 Township 12S Range 28E NMPM CHAVES EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3605' 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"/>
PLUG AND ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <input checked="" type="checkbox"/> SPUD, 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.

SPUD WELL @ 6:30 P.M. 7/30/97. DRLD 17 1/2" HOLE TO 330', RAN 8 JTS 13 1/8" J-55 48# CSG T 330', CMTD. W/300 SX CLASS C, PLUG DOWN @ 6:15 A.M. 7/31/97, CIRC 55 SX TO SURF. 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 Robin Smith TITLE Production Clerk DATE 8/1/97
TYPE OR PRINT NAME _____ TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM TITLE _____ DATE AUG 5 1997
DISTRICT II SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY: