

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

015F
up

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

SEP - 5 1997

WELL API NO.
30-005-63145

5. Indicate Type of Lease
STATE ☐ FEE ☒

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 ☒ 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 F : 2596 Feet From The NORTH Line and 2027 Feet From The WEST Line

Section 33 Township 12S Range 28E NMPM CHAVES ~~XXXX~~ 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:

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 ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: 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.

TD WELL ON 8/29/97. DRLD 7 7/8" HOLE TO 8182', RAN 200 JTS 5 1/2"
J-55 17# CSG TO 8132', CMTD W/175 SX SUPER PREMIUM, PLUG DOWN @ 7:00
P.M. 8/30/97, EST TOC 7382', WOC 18 HRS, TSTD CSG TO 1500# FOR 30
MINUTES - HLED 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 9/4/97

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 _____

SEP 26 1997

CONDITIONS OF APPROVAL, IF ANY: