

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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. 30-005-63171

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

4. Well Location
Unit Letter B : 478 Feet From The NORTH Line and 2525 Feet From The EAST Line

Section 30 Township 10S Range 28E NMPM CHAVES ~~EDDY~~ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3739' 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 @ 9:30 P.M. 6/25/98. DRLD 7 7/8" HOLE TO 6789', RAN 150
JTS 5 1/2" J-55 17# CSG TO 6765', CMTD 1ST STAGE W/ 175 SX MOD
SUPER "H", PLUG DOWN @ 11:45 A.M. 6/28/98, CIRC 68 SX OFF DV
TOOL, CMTD 2ND STAGE W/1250 SX HALL LITE & 50 SX P NEAT, PLUG
DOWN @ 7:00 P.M., CIRC 106 SX TO SURF. WOC 18 HRS, TSTD CSG TO
1500# FOR 30 MINUTES - HELD OK. DV TOOL @ 6000'.

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 6/29/98

TYPE OR PRINT NAME

TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY Jim W. Gurn TITLE District Supervisor DATE 7-6-98

CONDITIONS OF APPROVAL, IF ANY: