

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
30-005-63225

Indicate Type of Lease  
STATE FEE X

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name  
HELLFIGHTER FEE

Well No.  
1

Pool name or Wildcat  
RACETRACK; DEVONIAN

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.)

Type of Well:  
OIL WELL X GAS WELL OTHER

Name of Operator  
MARBOB ENERGY CORPORATION

Address of Operator  
P.O. BOX 227, ARTESIA, NM 88210

Well Location  
Unit Letter P : 330 Feet From The SOUTH Line and 1201 Feet From The EAST Line  
Section 30 Township 10S Range 28E NMPM CHAVES County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
3728' GR

11

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK  
TEMPORARILY ABANDON  
PULL OR ALTER CASING  
OTHER:

PLUG AND ABANDON  
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK  
COMMENCE DRILLING OPNS.  
CASING TEST AND CEMENT JOB  
OTHER: SPUD, CMT CSG X

ALTERING CASING  
PLUG AND ANBANDONMENT

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.

10/9/99 DRLD 11" HOLE TO 1680', RAN 40 JTS 8 5/8" 24# CSG TO 1674', CMTD W/550 SX HALL LITE & 200 SX CLASS C NEAT, PLUG DOWN @ 5:30 P.M., CIRC 170 SX TO SURF. 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 Robin Cockrum TITLE PRODUCTION ANALYST DATE 10-11-99

TYPE OR PRINT NAME ROBIN COCKRUM TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY TITLE DATE 10-13-99

CONDITIONS OF APPROVAL, IF ANY: