

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

C15P
Op

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 <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
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

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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 ANBANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

10/26/99

PLUG AND ABANDON WELL AS FOLLOWS: 6850', 25 SX PREM PLUS NEAT, 4850', 25 SX PREM PLUS NEAT, 2850', 25 SX PREM PLUS NEAT, 1673', 25 SX PREM PLUS NEAT + 3% NACL & TAG @ 1578', 264', 25 SX PREM PLUS + 3% NACL & TAG @ 169', 10 SX SURFACE PLUG + 3% NACL.

VERVAL APPROVAL RECEIVED FROM BRIAN - OCD OFFICE ARTESIA



Post ID-2
12-3-99
P+H

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

SIGNATURE Robin Cockburn TITLE PRODUCTION ANALYST DATE 11-02-99

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Jim W. Gurn
Box

District Supervisor

11-19-99