

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

dsf
Op

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

SEP 23 1991

WELL API NO. 30-015-01323
5. Indicate Type of Lease Federal <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LC-028446A
7. Lease Name or Unit Agreement Name Vandagriff
8. Well No. 3
9. Pool name or Wildcat Vandagriff Keyes Qn
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator Marbob Energy Corporation
3. Address of Operator P. O. Drawer 217, Artesia, NM 82810
4. Well Location Unit Letter <u>I</u> : <u>2218</u> Feet From The <u>South</u> Line and <u>1201</u> Feet From The <u>East</u> Line Section <u>5</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County

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"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Back on production</u> <input checked="" type="checkbox"/>

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.

We have put well back on production.

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

SIGNATURE Thonda Nelson TITLE Production Clerk DATE 9/20/91
TYPE OR PRINT NAME _____ TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep DATE 9/27/91
CONDITIONS OF APPROVAL, IF ANY: