

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

CISF

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

RECEIVED  
OCD - ARTESIA

WELL API NO. 30-015-31389
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No. E-647
Lease Name or Unit Agreement Name "D" STATE
Well No. 19
Pool name or Wildcat ARTESIA GLORIETA YESO

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 OTHER
Name of Operator MARBOB ENERGY CORPORATION
Address of Operator P.O. BOX 227, ARTESIA, NM 88210
Well Location Unit Letter I : 2310 Feet From The SOUTH Line and 330 Feet From The EAST Line Section 34 Township 17S Range 28E NMPM EDDY County
Elevation (Show whether DF, RKB, RT, GR, etc.) 3668' GR

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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

ALTERING CASING  
PLUG AND ANBANDONMENT

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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.

SPUD WELL @ 3:30 P.M. 3/5/01. DRLD 12 1/4" HOLE TO 430', RAN 10 JTS 8 5/8" J-55 24# CSG TO 429', CMTD W/ 350 SX PREM PLUS, PLUG DOWN @ 2:30 A.M. 3/6/01, CIRC 110 SX TO SURF. WOC 18 HRS, TSTD CSG TO 600# FOR 20 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 03-07-01

TYPE OR PRINT NAME ROBIN COCKRUM

TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Record