

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-025-25161
5. Indicate Type of Lease
STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
E-9713

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 Salt Water Disposal

2. Name of Operator
Marjo Operating Co., Inc.

3. Address of Operator
P.O. Box 729, Tulsa, OK 74101-0729

4. Well Location

Unit Letter L : 1980 feet from the South line and 660 feet from the West line

Section 11 Township 10S Range 32E NMPM County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4291 GR

7. Lease Name or Unit Agreement Name:

State 11

8. Well No. 1

9. Pool name or Wildcat
N. Mescalero Cisco

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Tubing appears to be plugged. MIRU WSU. Unset pkr and POOH w/ tbg and pkr. Check tbg for obstructions. Replace bad jts of tubing and redress pkr. TIH w/ tbg and pkr. Reset pkr in same place. RDMO WSU

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

SIGNATURE Brian Keefer TITLE Engineer

DATE 5/14/01
918-583-0241

Type or print name Brian Keefer

Telephone No.

(This space for State use)

APPROVED BY _____ TITLE _____ DATE 2001

Conditions of approval, if any: