

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

WELL API NO.  
30-025-31074

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

JOHNSON

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
MARLO, INC.

8. Well No.

1

3. Address of Operator  
P.O. BOX 832, MIDLAND, TX 79702

9. Pool name or Wildcat  
JENKINS ; SAN ANDRES

4. Well Location  
Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line  
Section 19 Township 9S Range 35E NMFM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4176' GR

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 ☐  
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.

7-1-98 SET CIBP AT 4750- SPOT 25 SXS ON TOP- 4450

7-1-98 SPOT 45 SXS AT 4155-4055

7-1-98 SPOT 45 SXS AT 2250-2150

7-1-98 SPOT 45 SXS AT 545-445

7-1-98 SPOT 15 SXS AT 30' - SURFACE

INSTALL DRY HOLE MARKER

CIRCULATE HOLE WITH 10 # MUD

Approved as to plugging of the Well Bore.  
Liability under bond is retained until  
surface restoration is completed.

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

SIGNATURE Dorothea Logan TITLE REGULATORY ANALYST DATE JULY 7, 1998

TYPE OR PRINT NAME DOROTHEA LOGAN

TELEPHONE NO. (915) 684-7441

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

REPRESENTATIVE II/STAFF MANAGER