State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

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

WELL API NO.
30-025-34694

5Indicate Type of Lease
STATE ☒   FEE ☐

6State Oil & Gas Lease No.
OG-1802

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.)

7Lease Name or Unit Agreement Name

OSCA STATE COM 1

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

8Well No.
1

2Name of Operator
MARBOB ENERGY CORPORATION

3Address of Operator
P.O. BOX 227, ARTESIA, NM 88210

9Pool name or Wildcat
KENITZ, ATOKA-MORROW, SOUTH

4Well Location
Unit Letter __J__ : __1650__ Feet From The __SOUTH__ Line and __1650__ Feet From The __EAST__ Line

Section __21__   Township __16S__   Range __34E__   NMPM   __LEA__   County

10Elevation (Show whether DF, RKB, RT, GR, etc.)
4100' 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 ANBANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: TD, CMT CSG _____ ☒

12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD WELL @ 10:00 A.M. 11/7/99. DRLD 7 7/8" HOLE TO 13390', RAN 323 JTS 4 1/2" N80 11.6# CSG TO 13390', CMTD W/875 SX SUPER H, PLUG DOWN @ 10:30 A.M. 11/9/99, EST TOC @ 6800'. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 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 11-10-99

TYPE OR PRINT NAME ROBIN COCKRUM   TELEPHONE NO. 748-3303

(This space for State Use)   ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR   NOV 19 1999

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: