

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

WELL API NO. 30-025-34939
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. B-2735
Lease Name or Unit Agreement Name GILES STATE COM
Well No. 1
Pool name or Wildcat VACUUM ATOKA MORROW NORTH

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
Name of Operator MARBOB ENERGY CORPORATION	
Address of Operator P.O. BOX 227, ARTESIA, NM 88210	
Well Location Unit Letter I : 1900 Feet From The SOUTH Line and 660 Feet From The EAST Line Section 15 Township 17S Range 35E NMPM LEA County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3938	

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Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ANBANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: RUN INTERMEDIATE CSG, CMT <input checked="" type="checkbox"/>	

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.

'5/11/00 DRLD 12 1/4" HOLE TO 4920', RAN 119 JTS 24 & 32# 8 5/8" CSG TO 4920', CMTD W/1425 SX INTERFILL C & 250 SX PREM PLUS, PLUG DOWN @ 9:30 P.M., CIRC 175 SX TO SURF. 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 <u>Robin Cockrum</u>	TITLE <u>PRODUCTION ANALYST</u>	DATE <u>05-15-00</u>
TYPE OR PRINT NAME <u>ROBIN COCKRUM</u>		TELEPHONE NO. <u>748-3303</u>

(This space for State Use)

APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		