Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. 30-025-25000
5. Indicate Type of Lease STATE ☐ FEE ☐
6. State Oil & Gas Lease No. LC-068848

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: Marshall

1. Type of Well: Oil Well ☒ Gas Well ☐ Other
2. Name of Operator: Pronghorn Mgt. Corp.
8. Well No. 5
3. Address of Operator: P.O. Box 1772 Hobbs, N.M. 88241
9. Pool name or Wildcat: Cruz Delaware
4. Well Location
Unit Letter F : 1980 feet from the North line and 1980 feet from the West line
Section 19 Township 23S Range 33E NMPM Lea County
10. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPLETION ☐	CASING TEST AND CEMENT JOB ☐	
OTHER: deepen and test lower zones for production ☒		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.

1. Move in and rig up well servicing equipment.
2. Clean out and deepen well to Bone Spring.
3. Test and evaluate Bone Spring and Lower Delaware for commercial production.
4. Put well on production or submit paperwork for approval for an injection well.

RECEIVED
OCT 2
HOBBS OCD

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

SIGNATURE [signature] TITLE Partner DATE 10/26/01

Type or print name Guy A. Baber Telephone No. 505-393-8386

(This space for State use)

APPPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: