Submit 3 Copies to Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, winerals and Natural Resources Department

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504 PEGEIVED

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5. Indicate Type of Lease

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. B-10714					
SUNDRY. NOTICES AND REPORTS ON WEL	O. C. D.					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name	7777				
1. Type of Well: OIL OAS WELL WELL OTHER TA	G-J West Coop Unit					
2. Name of Operator Marbob Energy Corporation	8. Well No. 61					
3. Address of Operator P. O. Drawer 217, Artesia, NM 82810	9. Pool name or Wildcat Grbg Jackson SR Q Grbg SA					
4. Well Location Unit LetterG :1980						
Section 16 Township 17S Range 29E NMPM Eddy County						
3564.7' GR						
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 X	REMEDIAL WORK ALTERING CASING					
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMEI	1 ₩				
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB	<u></u>				
OTHER:	OTHER:	_ LJ				

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.

We propose to plug & abandon well as follows:

Set cmt plug from PBTD to 2000', tag plug @ 2100', Quan Plug - Pof 1750 - Tag perf csg @ 780' (base of salt) and attempt to circ* - Stor Plug + Bx - 325 - 435 Tag cmt to surface inside and out. In the event we cannot circ cmt, we will perf csg @ 300' and circ cmt to surf. Install dry hole marker and clean location.

& Note Changes Bel Between All Plugs

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I hereby certify that the information above is true and complete to the bes	et of my knowledge and belief. TITLE Production Clerk	DÀTE9/27/91
TYPE OR PRINT NAME		TELEPHONE NO.7 48 – 3303
(This space for State Use)	4 1 A	

CONDITIONS OF APPROVAL, IF ANY:

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