737475 16 17 78 78 20 20 20 20 20 20 20 20 20 20 20 20 20	
Submit 3 Copies To Appropriate District	Every /
District 1 Energy, Minerals and Natural Res	Form C-103 Sources March 25, 1999
1625 N. French Dr., Hobbs, NM 88240	RECEIVED WELL API NO.
1301 W. Grand Avenue, Artesia, NM 88210 OIL CONSERVATION DOND	SIGNIESIA 6 30-015-31939
District IV  1220 South St. Francis District IV  1220 South St. Francis District IV  Santa Fe, NM 87805	STATE E FEE
	LE OE 61.6. 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name:
1. Type of Well: Oil Well  Gas Well  Other	D 0004000
2. Name of Operator	D STATE 8. Well No.
MARBOB ENERGY CORPORATION  3. Address of Operator	28
PO BOX 227, ARTESIA, NM 88211-0227	9. Pool name or Wildcat ARTESIA; GLORIETA-YESO
4. Well Location	ARTESTA, GEORTETA-TESU
Unit Letter 0 : 530 feet from the SOUTH line and 2310 feet from the EAST line	
Section 25 Township 17S Range 28E NMPM County EDDY	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3683' GL  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 REME	EDIAL WORK ALTERING CASING
TEMPORARILY ABANDON	MENCE DRILLING OPNS. PLUG AND
	NG TEST AND BENT JOB
OTHER: OTHE	
12. <b>Describe proposed or completed operations.</b> (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.	
TD WELL @12"15 PM ON 3/11/03, DRLD 7 7/8" HOLE TO 4566', RAN 108 JTS (4540') 5 1/2" 17# J55 CSG TO 4566'. CMTD 1ST STG W/ 310 SX SUPER "H", PLUG DOWN @ 5:15 PM ON 3/12/03, CIRC 93 SX OFF OF DV TOOL. CMTD 2ND STG W/ 1300 SX SUPER "H", PLUG DOWN @ 12:45 AM ON 3/13/03, CIRC 74 SX TO PIT. WOC 18 HRS, TESTED CSG TO 1500# FOR 30 MIN - HELD OK.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE PRODUCTION ANALYST DATE 3/14/03	
Type or print name DEANA CANNON	Telephone No. (505) 748-3303
(This space for State user) ORIGINAL SUSSID BY THE W. GUE	MAR 1 9 2003
APPPROVED BY Conditions of approval, if any:	DATE