Submit 3 Copies To Appropriate District	State o	f New Me	exico	Form C-103		
Office District I	Energy, Mineral			Revised May 08, 2003		
1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO. 30-015-20718		
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type of Lease		
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE FEE X		
District IV	Santa Fe, NM 87505			6. State Oil & G	as Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505						
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA	CES AND REPORTS			7. Lease Name of	or Unit Agreement Na	me
DIFFERENT RESERVOIR. USE "APPLICA	ATION FOR PERMIT" (FO	RM (2,101) FO	OR SUCH	UNION MEA	D FEE COM	
PROPOSALS.) 1. Type of Well:		\0°3		8. Well Number		
Oil Well Gas Well X	Other	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EP 2003	1		
2. Name of Operator		8 5	ECEIVED ECEIVED	9. OGRID Num	ber	
MARBOB ENERGY CORPORA	TION	2 8	ECEIVED ARTESIA	14049		
3. Address of Operator	00011 000	18 OC	0	10. Pool name o		ĺ
PO BOX 227, ARTESIA, 4. Well Location	NM 88211-022	1/c	9/1/2	CARLSBAD;	MORROW, SOUTH	
4. Well Education		1655	515026/8/p			ļ
Unit Letter H:	1980 feet from the	e <u>NOR'</u>	CH line and	660 feet fro	om the <u>EAST</u>	line
Section 8	Township	22S Ra	inge 27E	NMPM	County EDDY	İ
Section	11. Elevation (Show)				Description of the second	
	3	094' GL	,			
	ppropriate Box to I	Indicate N		•		
NOTICE OF INT				SEQUENT RE		. 🗀
PERFORM REMEDIAL WORK	PLUG AND ABANDO	Ma □	REMEDIAL WORI	` ⊔	ALTERING CASING	, U
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND	
PULL OR ALTER CASING	MULTIPLE	П	CASING TEST AN	iD \square	ABANDONMENT	
TOLE ON ALTER GAGING	COMPLETION		CEMENT JOB			
OTHER:			OTHER: RE	-COMPLETE		\square
13. Describe proposed or comple						
of starting any proposed wor	k). SEE RULE 1103.	For Multip	le Completions: Att	tach wellbore diag	ram of proposed comp	letion
or recompletion.						
PICK UP 6 1/8" IMPR						
RIH W/ BIT & CLEAN ON TUBING. TURN OVE				EMENI KETAIN	ER @ /8/0	
ON TODING. TORN OVE	IK TO BON TO TE	iog iiii v	ALLIN .			
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I hereby certify that the information al	ove is true and compl	ete to the be	est of my knowledge	and belief.		
SIGNATURE CONTROL OF THE SIGNATURE	Jana.	ZTITLE 1	PRODUCTION AN	ALYST	_DATE9/2/0	3
						<u>-</u>
Type or print name DIANA J.	CANNON			Telep	hone No. (505) 74	<u>8-33</u> 03
(This space for State use)					ስር ክ ል ስ ሰ	2002
APPPROVED BY	records onl	TITLE			DATE 08 2	CHILD
Conditions of approval, if any:						