Submit 3 Copies To Appropriate District Office 12 3 dr	State of New Mexico		Form C-103	
office bistrict I 625 N. French Dr., Hobbs, NM 88240		ural Resources	Revised March 25, 1999 WELL API NO.	
District II 1301 W. Grand Ave., Artesia NM 88210 T 2003 District III 1000 Rio Brazos Rd., Aztec NM 8741 RECEIVED District IV Santa Fe. NM 87505			30-015-32958	
			5. Indicate Type of Lease STATE X FEE	
			6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NACD - ARTESIA			V-5391	
SUNDRY, NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO BELL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			7. Lease Name or Unit Agreement Nam	ne:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			COINELID CEAME	
1. Type of Well:			COINFLIP STATE	
Oil Well Gas Well X Other			8. Well No.	
2. Name of Operator Marbob Energy Corporation			8. Well No.	
3. Address of Operator			9. Pool name or Wildcat	
P. O. Box 227, Artesia, NM 88211-0227			BURTON FLAT; MORROW, EAST (GAS)
4. Well Location				
Unit Letter D : 990 feet from	the NORTH	line and 6	feet from the WEST	line
Section 18 Township	p 20S R	ange 30E	NMPM EDDY County	
		PR, RKB, RT, GR, etc		
3312				
11. Check Appropriate Box t NOTICE OF INTENTION TO:	o Indicate N			
PERFORM REMEDIAL WORK PLUG AND ABAN	DON 🗆	REMEDIAL WOR	SEQUENT REPORT OF: K	. П
TEMPORARILY ABANDON		COMMENCE DR	_	
PULL OR ALTER CASING MULTIPLE		ABANDONMENT CASING TEST AND		
COMPLETION		CEMENT JOB		
OTHER:		OTHER: SPUD		\Box
12. Describe proposed or completed operations. (Clearl				
starting any proposed work). SEE RULE 1103. For recompilation.	Multiple Com	ipietions: Attach we	elibore diagram of proposed completion of	r
SPUD WELL @6:00 PM ON 9/27/03. DRL				
H-40 CSG TO 300', CMTD W/350 SX H/	L, TAILED	IN W/300 SX F	P+, PD @6:30 AM ON 9/29/03,	
CIRC 166 SX TO PIT, WOC 18 HRS, TS	FD CSG TO	600# FOR 20 M	IIN - HELD OK.	
I hereby certify that the information above is true and con-	plete to the b	est of my knowledg	e and belief.	
SIGNATURE Relieve L. Velelbourn	TITLE	GeoTech	.DATE 10/	01/03
Type or print name Debora L. Wilbourn	•		Telephone No. 505-748-33	303
(This space for State use) ORIGINAL SIGNED BY	IM W. GUM	1	Maria .	
APPPROVED BY DISTRICT II SUPERVISO	TITLE		DATE	103
Conditions of approval, if any:			DATE	