<del> </del>	State of New	Mexico	•	Form C-103 4 5 5
Submit 3 Copies to Appropriate District Office	State of New Mexico Ener <sub>by</sub> , Minerals and Natural Resources Department		<b></b>	Form C-103 Z/S/ Revised 1-1789
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION  P.O. Box 2088		WELL API NO. 30-015-04092	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexi		5. Indicate Type of Lease	ATTE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		O. C. D.	6. State Oil & Gas Lease N	
			LC-028785(B)	
( DO NOT USE THIS FORM FOR PRODIFFERENT RESERVED (FORM C	CES AND REPORTS ON V POSALS TO DRILL OR TO DEEF RVOIR. USE "APPLICATION FOR 101) FOR SUCH PROPOSALS.)	PEN ON PLUG BACK TO A	7. Lease Name or Unit Agre	pernent Name
1. Type of Well: OR. WELL X WELL	OTHER		Square Lake 12 U	Init
2. Name of Operator Marbob Energy Corpora	tion		8. Well No. 100	
3. Address of Operator			9. Pool name or Wildcat	
P. O. Drawer 217, Art	esia, NM 82810		Square Lake Grbg	SA
4. Well Location	90 Feet From TheSouth	660	Par Paris Me	est Line
Unit Letter : :				
Section 6	Township 17S	Range 30E	NMPM Edd	y County
	10. Elevation (Show when	ther DF, RKB, RT, GR, etc.) 3681' GR		
XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	A Pau to Indian		Penart or Other Data	
	Appropriate Box to Indica		SEQUENT REPOR	RT OF:
NOTICE OF INT	ENTION TO.		SOLGOLIAT TILL OF	· · · · · · · · · · · · · · · · · · ·
PERFORM REMEDIAL WORK	PLUG AND ABANDON	_ REMEDIAL WORK	X ALTERI	NG CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. PLUG A	ND ABANDONMENT $\Box$
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
OTHER:		OTHER:		
12. Describe Proposed or Completed Opera work) SEE RULE 1103.	tions (Clearly state all pertinent detail	s, and give pertinent dates, incl	uding estimated date of starting	any proposed
R-4 pkr an	d, POH laying down to d new 2 3/8" plastic w/pkr fluid, test cs jection.	coated tbg. land	led tbg @ 2291',	
$\wedge$				
I hereby certify that ne information above being	e and complete to the best of my knowledge	and belief.		
SIGNATURE RONDA	Milson	THE Production Cl	lerk DATE	1/2/91
TYPEOR PRINT NAME Rhonda Nel	son		TELE	PHONE NO.748-3303
(This space for State Use)				
For R	ecord Only	TITLE	DATE	
CONDITIONS OF APPROVAL OF ANY:	•//			