ENERGY AND MINERALS DEPARTMENT	0 11 00NG	D. / .	71011011			
DISTRIBUTION			TION DIVISION		Form C-103 -	
SANTA FE	RECEIVED BY	NEV	MEXICO 87501		Revised 19-1-78	
U.S.Q.S.	SEP 26 1985			5a. Indicate Type State XX	of Lease	
LAND OFFICE OPERATOR		1		5, State Oil & Ga		
	O. C. D.			B-514	mmm	
(DO NOT USE THIS FORM FOR PROPOSAL	OTICES AND REPOR	A PLUG BA	WELLS			
). , oil [] cas []				7. Unit Agreemen	t Name	
WELL X WELL OTHER-				B. Farm or Lease	Name	
Marbob Energy Corporation					G-J West Coop Unit	
3, Address of Operator				9. Well No. 68		
P.O. Drawer 217, Artesia, N.M. 88210 4. Location of Well					10. Field and Pool, or Wildcat	
UNIT LETTER A 990 FEET FROM THE NORTH LINE AND 1295 FEET FROM				Grbg Jacks	Grbg Jackson SR Q G SA	
THE East LINE, SECTION 28 TOWNSHIP 175 RANGE 29E NMPM.						
THE LINE, SECTION						
	15, Elevation (Show	whether . 559.31		12. County Eddy		
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data						
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK	PLUG AND ABAND	[REMEDIAL WORK	ALTER	ING CASING	
TEMPORARILY ABANDON			COMMENCE DRILLING OPHS.		AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS		CASING TEST AND CEMENT JOB X			
OTHER			отнея		L	
17. Describe Proposed or Completed Operati	ions (Clearly state all perti	inent deta	nils, and give pertinent dates, inclu	ding estimated date of	starting any proposed	
wprk) SEE RULE 1 103.						
TD 4435'. Ran 106 jts. 5½" 15.50# new casing to 4398.90', cemented w/1400 sax Halliburton Lite w/15# salt, ½# flocele per sack; 600 sax Class C w/6# salt, 2/10 of 1% CFR-2 per sack; plug down @ 11:30 a.m. 9/20/85, did not circulate, ran temperature survey - top of cement @ 500'. WOC 18 hours, tested casing to 1500# f/30 minutes-held okay.						
•						
18. I hereby portify that the information above is true and complete to the best of my knowledge and belief.						
(1, 1(9)			,	0.77	25/85	
BICHED MALAN JAM	KeWA TIT	LE	Production Clerk	DATE 9/2	25/85	
to .	Original Signed By			SFP	26 1985	
APPROVED BY	las_A_CITIT	T.E		DATE		

CONDITIONS OF APPROVAL, IF ANY: Supervisor District H