Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89 Clark

DISTRICT I P.O. Box 198	80, Hobbs, NM 88240	OIL CONS	SERVATION P.O. Box 20	ON DIVISION	WELL API NO.		
DISTRICT II P.O. Drawer	DD, Artesia, NM 88210	Santa Fe		875 EEE	Е Туг	pe of Lease	
DISTRICT II	L Izos Rd., Aztec, NM 874				6. State Oil &	STATE X	FEE
	200 1(4), 71200, 1(1)			MAR - 2 T	\$95 B-111		
(DO NOT	USE THIS FORM FOR DIFFERENT RE	OTICES AND REPOPERSONS OF THE PROPOSALS TO DRILL SERVOIR. USE "APPLING C-101) FOR SUCH PROPORTION OF THE PROPORTION OF T	OR TO DEEPER	OBBITTE BYCK DIV		or Unit Agreement Nam	//////////////////////////////////////
1. Type of Well: OIL WELL OTHER SWD					Collier State		
2. Name of Operator					8. Well No.		
Marbob Energy Corporation 3. Address of Operator					3 SWD 9. Pool name or Wildcat		
P. O 4. Well Loca		esia, NM 88210)				
Unit	Letter <u>G</u> :	2310 Feet From The	North	Line and231	10 Feet Fr	om The <u>East</u>	Line
Sect	ion 22	Township 17			NMPM	Eddy	County
		10. Elevat	io n (Show whether	DF, RKB, RT, GR, etc.)			
<i>/////////</i> 11.	Chec	k Appropriate Roy	to Indicate	Nature of Notice Re	nort or Oth		<u> </u>
Transfer and the second					SEQUENT REPORT OF:		
PERFORM RE	EMEDIAL WORK	PLUG AND AB	ANDON X	REMEDIAL WORK		ALTERING CASING	i [
TEMPORARIL	Y ABANDON	CHANGE PLAI	vs	COMMENCE DRILLING	OPNS.	PLUG AND ABAND	ONMENT
PULL OR ALTER CASING CASING TEST AND CE					MENT JOB		
OTHER:				OTHER:			
12. Describe F work) SEI	Proposed or Completed Op E RULE 1103.	etations (Clearly state all p	pertinent details, an	 ad give pertinent dates, includi	ing estimated date	of starting any proposed	!
(1)			ng shoe at	50' inside 7" cas			is plug
(2)	Load hole w/			195			
(3)	Set 25 sxs ce	ment plug accr	oss old per	forations at 145	50'.		
(4)				shoe at 550° atte cmt plug ± nside °			ug
(5)		7" and 8 5/8" (50', circ cmt to 5/8" open hole 10			&
I hereby certify	that the information above is	rue and complete to the best of	my knowledge and t	pelief.			
SIONATURE Production C					lerk	3/2/95	
TYPE OR PRINT NAME					TELEPHONE NO.		
(This space for S		NED BY TIM W. G UPERVISOR	υΜ πια			MAR 0 8	3 1995
CONDITIONS OF	APPROVAL, IF ANY:						