Submit 3 Copies to Appropriate District Office

3 Copies opriate Office	State of New Mexico	Form C-103	dst
	Energy, Minerals and Natural Resources Department	Revised 1-1-89	W

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	WEEL ATTIO
DISTRICT II Santa Fe, New Mexico 8750	4-2088
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATEXX FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
	B-1111
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PL DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	UG BACK TO A 7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL OTHER SWD	Oller Hile
2. Name of Operator	8. Well No.
MARBOB ENERGY CORPORATION	3 SWD
3. Address of Operator	9. Pool name or Wildcat
P.O. Drawer 227, Artesia, N.M. 88210 4. Well Location	
Unit Letter 6 : 2310 Feet From The North	Line and 2310 Feet From The East Line
Section 22 Township 17-S Range 2	8-E NMPM Eddy County
10. Elevation (Show whether DF, RK.	s, kt, GR, etc.)
11. Check Appropriate Box to Indicate Nature	e of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF
PERFORM REMEDIAL WORK PLUG AND ABANDON REM	EDIAL WORK ALTERING CASING
EMPORARILY ABANDON CHANGE PLANS COM	MENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASI	NG TEST AND CEMENT JOB
OTHER: OTHE	ER:
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give p work) SEE RULE 1103.	Port IV-
1. Spot 35 sks cement plug @ 1975', W.O.C., tag	cement top @ 1383' $4-?-9$
2. Load hole w/mud	sks cement, W.O.C., tag cement top
3. Perforate 4½ casing and 7" @600', squeeze 25 @379', this plug covers the 8 5/8 shoe	sks cement, wood, tag common of
4. Perforate 4", 7" & 8 5/8 casing @60', circula 4½ & 7" csg and 7" & 8 5/8 csg. and 8 5/8 & o	te cement to little betveen ben hole, total cement 45 sks
42 W / Csg and / W o 5/6 csg. and c 5/6 as	MAR 2 1 1995
WORK COMPLETED 3/8/95	
	oil con. div.
	DIST. 2
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	1
SIGNATURE MAJNE Maldanolo TITLE	uperusen DATE 3-8-95
TYPE OR PRINT NAME	TELEPHONE NO.
(This space for State Use)	
1 January 1	APR 4 1995

--- DATE ---