

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

RECEIVED BY: O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

FEB 8 1985

O. C. D.

ARTESIA OFFICE

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-1969

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Marbob Energy Corporation ✓	8. Farm or Lease Name Collier St.
3. Address of Operator P.O. Drawer 217, Artesia, N.M. 88210	9. Well No. 17
4. Location of Well UNIT LETTER <u>L</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>22</u> TOWNSHIP <u>17S</u> RANGE <u>28E</u> NMPM.	10. Field and Pool, or Wildcat Red Lake On Grbg SA
15. Elevation (Show whether DF, RT, GR, etc.) 3611.6' GR	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

TD 3550'. Ran 87 jts. 5 1/2" 15.50# new casing to 3526', cemented w/400 sax Halliburton lite w/8# salt, 1# flocele; 400 sax Class C w/6# salt, 3/10 of 1% CFR-2, plug down @ 11:20 p.m. 1/26/85. Circulated 25 sax. WOC 18 hours, tested casing to 1500#. f/30 minutes-held okay.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Leslie A. Clements TITLE Production Clerk DATE 2/6/85

Original Signed By
Leslie A. Clements
Supervisor District II

APPROVED BY _____ TITLE _____ DATE FEB 13 1985

CONDITIONS OF APPROVAL, IF ANY: