Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

C-15F

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-015-30744

5Indicate Type of Lease

STATE X   FEE

6State Oil & Gas Lease No.
V-220

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.)

7Lease Name or Unit Agreement Name

MONCRIEF STATE

1Type of Well:		
OIL WELL X	GAS WELL	OTHER

2Name of Operator
MARBOB ENERGY CORPORATION

8Well No.
2

3Address of Operator
P.O. BOX 227, ARTESIA, NM 88210

9Pool name or Wildcat
RED LAKE QUEEN GRBG SA

4Well Location

Unit Letter L : 2310 Feet From The SOUTH Line and 531 Feet From The WEST Line

Section 23 Township 17S Range 28E NMPM EDDY County

10Elevation (Show whether DF, RKB, RT, GR, etc.)
3593'

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK   PLUG AND ABANDON

TEMPORARILY ABANDON   CHANGE PLANS

PULL OR ALTER CASING

OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK   ALTERING CASING

COMMENCE DRILLING OPNS.   PLUG AND ANBANDONMENT

CASING TEST AND CEMENT JOB

OTHER: TD, CMT CSG   X

12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD WELL 9/17/99. DRLD 12 1/4" HOLE TO 4025', RAN 98 JTS 5 1/2" 17# CSG TO 4012', CMTD W/450 SX SUPER H & 325 SX HALL
LITE, PLUG DOWN @ 7:30 A.M., CIRC TRACE TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK.

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

SIGNATURE Robin Cockrum   TITLE PRODUCTION ANALYST   DATE 09-20-99

TYPE OR PRINT NAME ROBIN COCKRUM   TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY Jim W. Gum   TITLE District Supervisor   DATE 9-27-99

CONDITIONS OF APPROVAL, IF ANY: