## Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Namerals and Natural Resources Department

Form C-103 Revised 1-1-89

FEB & 1 1992

- DATE -

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

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.

ו ויידון ויידו		Canta Ca Marri	Marina	87504 <sub>-</sub> 7088			
DISTRICT II P.O. Drawer DD, Artesia, NM	Santa Fe, New Mexico 87504-2088			5. Indicate Type	of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, N	M 87410				6. State Oil & G		
CLIND	DV NOTICES	AND DEDODTE	ON WE	IIC			
( DO NOT USE THIS FOR!	M FOR PROPOS ENT RESERVOIR	S AND REPORTS ALS TO DRILL OR TO R. USE "APPLICATION FOR SUCH PROPOSI	DEEPEN N FOR PE	OR PLUG BACK TO A	7. Lease Name o	or Unit Agreement Name	
1. Type of Well:  OIL WELL X	GAS RECEIVED OTHER				Robinson State		
2. Name of Operator Marbob Energy Corporation  FEB 1 7 1992					8. Well No.		
3. Address of Operator Q, C. O.					9. Pool name or Wildcat		
P. O. Drawer 2	17, Artesi	a, NM 82810	ADTES	HA MESIC	Grbg Jack	son Sr Q Grbg SA	
4. Well Location  Unit Letter	: 660	Feet From The North	מ	Line and 660	) Feet From	m The West Lin	
27		470	•	205	77	a	
Section	mmi	IOMUNID		onge 29E 1 DF, RKB, RT, GR, etc.)	NMPM E	County	
			354	1' GR		<u> </u>	
11.	Check Appr	ropriate Box to Ir	idicate l	Nature of Notice, Re	· <del>-</del>		
NOTICE	OF INTEN	TION TO:		SUB	SEQUENT F	REPORT OF:	
PERFORM REMEDIAL WOR	к 🗌	PLUG AND ABANDO	N 🗌	REMEDIAL WORK	X	ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CASING TEST AND CE			MENT JOB	_		
OTHER:		<del></del>	[_]	OTHER:		· [	
12. Describe Proposed or Compwork) SEE RULE 1103.	pleted Operations (	Clearly state all pertinen	t details, ar	nd give pertinent dates, includ	ling estimated date of	of starting any proposed	
1/8/92	tbg 248'	& tag, turn o bg up & landeo	on thg	was landed @ 234 & washed up woo 94', spot 1000 g	od plug,	·	
1/9/92	Ran rods	& pmp, put we	ell ba	ck on production	1.		
$\wedge$		<b>.</b>					
I hereby certify that the information	n aboye is the and or	emplete to the best of my kno	owledge and	belief.			
SIGNATURE TO	da M	elson	<u> </u>	Production Cle	rk	DATE	
TYPE OR PRINT NAME						TELEPHONE NO.748-3303	
	ORIGINAL	SIGNED BY					
(This space for State Use)	MIKE ALL					EED a 4 inno	

SUPERVISOR DISTRICT IS

CONDITIONS OF APPROVAL, IF ANY: