Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C	-103
Revised	1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NA							
	1 88240	OIL CONSERVE P.O.			WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, I	P.O. Box 2988 EIVED Santa Fe, New Mexico 87504-2088 a, NM 88210		5. Indicate Typ	e of Lease			
DISTRICT III 1000 Rio Brazos Rd., Azte	c, NM 87410			B 1 2 1992	6. State Oil &		EE 🔲
				O. C. D. F SB OFFICE	B-7596	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(DO NOT USE THIS F	ERENT RESERV	CES AND REPORTS POSALS TO DRILL OR TO VOIR. USE "APPLICATION 01) FOR SUCH PROPOS	N FOR PE	LLS FOR PLUG BACK TO A	7. Lease Name	or Unit Agreement Name	
1. Type of Well: OIL WELL \overline{X}	GAS WELL	OTHER			Robinson	State	
2. Name of Operator Marbob Energy	g Corporat	ion J			8. Well No.		
3. Address of Operator					9. Pool name o	r Wildcat	
P. O. Drawer	217, Arte	sia, NM 82810			Grbg Jack	son SR Q Grbg SA	A
4. Well Location							
Unit Letter	: 1980	Feet From TheNoi	rth	Line and 6	60 Feet Fr	om The <u>West</u>	Line
Section	27	Township 17S	Ra	inge 29E	NMPM	<u>Eddy</u>	County
			ow whether	DF, RKB, RT, GR, etc.)			
	Charle A	ZZZZZ		Victoria - CNI-41	D O.1		
11.		ppropriate Box to Ir	ndicate i				
NOTIC	CE OF INTE	ENTION TO:		SU	BSEQUENT	REPORT OF:	
PERFORM REMEDIAL W	ORK 🗌	PLUG AND ABANDO	N 🗌	REMEDIAL WORK	X	ALTERING CASING	
TEMPORARILY ABANDO	и 🗌	CHANGE PLANS		COMMENCE DRILLII	NG OPNS.	PLUG AND ABANDON	IENT
PULL OR ALTER CASING				CASING TEST AND	CEMENT JOB		
OTHER:				OTHER:			[
12. Describe Proposed or C work) SEE RULE 1103		nas (Clearly state all pertinen	1 details, an	d give pertinent dates, inc	luding estimated date	of starting any proposed	
1/6/92	w/2 3/8"	ed pmp & rods ou tbg (91-2 3/8" tagged PBTD @ 28	tbg),	RIH w/2 3/8" 1	' rods), POH bg w/notch		
1/7/92	POH w/tbg 20% NEFE	cleaning out & c g, RIH w/tbg & c ac on bottom, l back on product bg).	circ ou Landed	t to 2830', s _l tbg @ 2805', s	oot 1000 gal can rods &	s.	

\bigcap	4		
I hereby certify that he inform	ation above is true and complete to the best of my know.	lodge and belief THILE Production Clerk	DATE 2/5/92
TYPE OR PRINT NAME			TELEPHONE NO.7 48 – 3 3 0 3
(This space for State Use)	ORIGINAL SIGNED BY		

MIKE WILLIAMS

FEB 1 3 1992