## Submit 3 Copies to Appropriate District Office

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

Form C-103 Revised 1-1-89	SPT
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DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.			
30-015-25610		 	
5. Indicate Type of Lease	v ]	TOTO	

DISTRICT II	Santa Fe, New Mexic	co 87 <b>884-2048</b> 0	50-013-23010			
P.O. Drawer DD, Artesia, NM 88210	er DD, Artesia, NM 88210		5. Indicate Type of Le	STATE THE THE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		MAY 2 1 1991	6. State Oil & Gas Lea B-1266			
	AND DEPORTS ON W	ICIL CO. C. D.				
SUNDRY NOTICES AND REPORTS ON WELL STESIA, OFFICE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF PEUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name				
1. Type of Well: OIL GAS WELL X WELL			C-I West Coo	n Unit		
	OTHER		G-J West Coop Unit  8. Well No.			
2. Name of Operator  Marbob Energy Corporation	1 .		82			
3. Address of Operator			9. Pool name or Wildo	cat		
P. O. Drawer 217, Artesia	a, NM 82810		Grbg Jackson	SR Q Grbg SA		
4. Well Location		0000		Vost		
Unit Letter N: 990 I	Feet From The South	Line and	Feet From The	e West Line		
Section 21	Township 17S	Range 29E her DF, RKB, RT, GR, etc.)	NMPM E	ddy County		
	10. Elevation (Show when 3590.3'					
Ch a la A man		te Nature of Notice, R	eport or Other D	ata		
NOTICE OF INTEN		SUB	SEQUENT REF	PORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL	TERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING		CASING TEST AND CE	CASING TEST AND CEMENT JOB			
OTHER:	· [					
12. Describe Proposed or Completed Operations (work) SEE RULE 1103.	Clearly state all pertinent detail.	s, and give pertinent dates, inclu	ding estimated date of sta	riing any proposed		
ran 3 jts. 1 Class C w/2%	3 3/8" 54.5# J-55 CC, circ 30 sx t	Drld 17 1/4" hole csg to 134', cmto surface, plug do td csg to 600# f/	d w/150 sx own @ 7:30			
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	•					
I hereby certify that the information above is true and co	omplete to the best of my knowledge	and belief.				
SIGNATURE ROBER SM.	tn	TIME Production Cle	erk	DATE 5/20/91		
TYPEOR PRINT NAME Robin Smith				TELEPHONE NO.748-3303		

(This space for State Use) ORIGINAL SIGNED BY DATE MAY 2 2 1991 MIKE WILLIAMS SUPERVISOR, DISTRICT IF

CONDITIONS OF APPROVAL, IF ANY: