Submit 3 Copies to Appropriate District Office

State of New Mexico E

neigy,	Minerals	and	Natural	Resources	Department

nta Fe le	1			Form C-103
LM				Revised 1-1-89
and Office			/	Revised 1-1-0.
of M				
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·	OT CONCEDIA	A TOTAL T	TYTCTON	B of M	14		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA		MAISION	Apparator NO			
DISTRICT II		P.O. Box 2088 ta Fe, New Mexico 87504-2088			30-015-26110		
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type	of Lease X	· FEE				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & C B-1565	6. State Oil & Gas Lease No.					
SUNDRY NOTI	CES AND REPORTS O	N WELLS		V////////			
(DO NOT USE THIS FORM FOR PRODIFFERENT RESER	DPOSALS TO DRILL OR TO D RVOIR. USE "APPLICATION F -101) FOR SUCH PROPOSAL	DEEPEN OR P	LUG BACK TO A	7. Lease Name of	or Unit Agreement Nam	e	
1. Type of Well: Off. OAS WELL X WELL	/ OTHER	PS 30	. 1 / 100	Texaco "	BE"		
2. Name of Operator		JU	4 10 ga	8. Well No.			
Marbob Energy Corpora	tion V		~ ~ ~	3	******		
3. Address of Operator	ogia NM 02010		D. C. D. ESIA. OFFICE	9. Pool name or	wildcat kson SR Q Grb	a SA	
P. O. Drawer 217, Art 4. Well Location	esia, NM 02010	AKA		OIDG BUCK	tson br y orb	9 571	
Unit Letter :330	O Feet From The Nort	h	Line and16	50 Feet Fro	om The <u>East</u>	Line	
Section 16	Township 17S	Range	30E	NMPM I	Eddy	County	
	10. Elevation (Show						
	/////	3678.2'			<u> </u>		
11. Check A	Appropriate Box to Ind	icate Natu					
NOTICE OF INT	ENTION TO:		SUE	BSEQUENT I	REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	☐ REA	MEDIAL WORK		ALTERING CASING	3 🔲	
TEMPORARILY ABANDON	CHANGE PLANS	X con	MENCE DRILLIN	G OPNS.	PLUG AND ABAND	оимент 🗌	
PULL OR ALTER CASING		CAS	CASING TEST AND CEMENT JOB				
OTHER:		. 🗌 отн	IER:				
12. Describe Proposed or Completed Operat	ions (Clearly state all pertinent d	esails, and sive	pertinent dates, incli	uding estimated date	of starting any proposed		
work) SEE RULE 1103.	(0,000)	, u		•			
set 5 1/2" ca	on for Permit to D asing @ 5000'. We g 5500' using the	will be	going to a	depth of	ld		
					•		
\wedge	~						
I hereby certify that the information above is true	and complete to the best of my knowl	edge and belief.					
SIGNATURE CHONDE	Mon	m.e <u>Pr</u>	oduction Cl	erk	DATE6/15,	/89	
TYPEOR PRINT NAME Rhonda Nels	son	·			TELEPHONE NO.7 4	8-3303	
(This space for State Use)	DEICINAL SIGNED BY				JUN	2 1 1989	
APPROVED BY	<u>เปรียบ รอบ เปิดเลเด</u>	mr.e			DATE		

CONDITIONS OF APPROVAL, IF ANY: