## Submit 3 Copies to Appropriate District Office

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

Form C-103	.1
Revised 1-1-89	=15)
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חוכדפוכניו

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240	WELL AT NO.
1.O. DOX 2006 K	ECEIVED 30-015-26233
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-	5. Indicate Type of Lease  STATE XX  FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	EB 23'90 6. State Oil & Gas Lease No.  B-1565
SUNDRY NOTICES AND REPORTS ON WELLS	oco ///////////////////////////////////
SUNDRY NOTICES AND REPORTS ON WELLS  ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU  DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" A  (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well:  OIL OAS WELL X WELL OTHER	Texaco "BE"
2. Name of Operator Marbob Energy Corporation	8. Well No. 4
3. Address of Operator	9. Pool name or Wildcat
P. O. Drawer 217, Artesia, NM 82810	Grbg Jackson SR Q Grbg SA
4. Well Location  Unit LetterA :	ine and 330 Feet From The East Line
Section 16 Township 17S Range	30E NMPN! Eddy County
38C 3011 10. Elevation (Show whether DF, RKB,	
3682.2'	GR ////////////////////////////////////
11. Check Appropriate Box to Indicate Nature	of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL	DIAL WORK X ALTERING CASING
EMPORARILY ABANDON CHANGE PLANS COMM	ENCE DRILLING OPNS. L PLUG AND ABANDONMENT L
PULL OR ALTER CASING CASIN	G TEST AND CEMENT JOB
OTHER:OTHER	3:
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give per work) SEE RULE 1103.	tinent dates, including estimated date of starting any proposed
RU, pulled rods & tbg, perfed csg @ 2	
2744-2746', acd perfs <b>2744-2746'</b> w/50	
acd perfs 2672-2676' w/500 gals. 15%	
w/500 gals. 15% NE ac, frac perfs 274	
$40 \# gel$ , $160 \ sx \ 20/40 \ sand$ , $70 \ sx \ 12$	
2672-2676 w/20,000 gals. 40# gel, 180	
sx 12/20 sand, frac perfs 2616-2622 w gel, 140 sx 20/40 sand, 50 sx 12/20 s	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.	2/21/90

M(1)	nation above is true and complete to the best of my knowledge and belief.  TITLE Production Clerk	DATE
TYPE OR PRINT NAME RI	nonda Nelson	TELEPHONE NO.7 48 – 3 3 0 3
(This space for State Use)	ORIGINAL SIGNED BY	FEB 2 8 1990
APPROVED BY	MIKE WILLIAMS SUPERVISOR, DISTRICT IF	DATE

CONDITIONS OF APPROVAL, IP ANY: