## Submit 3 Copies to Appropriate District Office

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

Form C	-103
Revised	1-1-89

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evised 1-1-89	0

DISTRICTI			
PO Boy 1980	Hobbs	NM	88240

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.		
30-015-26839		
5. Indicate Type of I	STATE X	FEE
6. State Oil & Gas L	ease No.	
D 05/3		

DISTRICT II Santa Fe, New Mexico	8RECE 2088	
P.O. Drawer DD, Artesia, NM 88210	STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	OCT 2 1 1991 6. State Oil & Gas Lease No.	
1000 Rio Bizzos Ru., Azzec, Nitt 67410	B-9563	
SUNDRY NOTICES AND REPORTS ON WELL	18-SIA OFFICE	
LOO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN	OR PLUG BACK TO A 7 Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PEF (FORM C-101) FOR SUCH PROPOSALS.)	RMIT*	
1. Type of Well:		
OIL OAS WELL OTHER	G-J West Coop Unit	
2. Name of Operator	8. Well No.	
Marbob Energy Corporation √	102	
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 Letter M: 25 Feet From The South	Line and 1295 Feet From The West Line	
Section 21 Township 17S Ran	nge 29E NMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)		
(/////////////////////////////////////		
11. Check Appropriate Box to Indicate N	Vature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB	
OTHER:	OTHER: Intermediate csg X	
10 D. J. D Completed Commissions (Clearly state all pertinent details an	d give pertinent dates, including estimated date of starting any proposed	

12. Describe Proposed or Completed Operations (Clearly s work) SEE RULE 1103.

Drld 12 1/4" hole to 778', ran 18 jts 8 5/8" OD 24# ST&C csg to 758', cmtd w/425 sx Class C w/2% CC, circ 91 sx to pit, plug down @ 10:00 p.m. 10/17/91. WOC (8 chs., J3cd csg to 600 F/20 minutes -- stay.

I hereby certify that the information above is true and complete to the best of my	y knowledge and belief.	10/10/01
SIGNATURE GODEN Amelon	TITLE Production Clerk	DATE
SIGNATURE	•	
TYPE OR PRINT NAME Robin Smith		TELEPHONE NO.748-3303
ODICINAL SIGNED BY		
(This space for State Use)  MIKE WILLIAMS		OCT 2 4 1991
SUPERVISOR, DISTRICT IT		DATE
APPROVED BY	mle	DAIL