Submit 3 Copies to Appropriate District Office

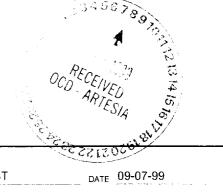
## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs. NM 88240	2040 Pac	2040 Pacheco St. Santa Fe, NM 87505			WELL API NO. 30-015-30724		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	oa.na v o	, 0.		sIndicate Type of Lea	se STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec. NM 87410	«State Oil & Gas Lea VC-0004						
SUNDRY NOT (DO NOT USE THIS FORM FOR PR DIFFERENT RESE (FORM (	, Lease Name or Unit Agreement Name  MUSKEGON SOUTH STATE						
Type of Well: OIL GAS WELL WELL	OTHER			MOOREGOIVEOUS	TOTALL		
2Name of Operator MARBOB ENERGY CORPORAT	ION			вWell No. 1			
₃Address of Operator P.O. BOX 227, ARTESIA, NM 88	Pool name or Wildcat     EAST EMPIRE YESO						
₄Well Location  Unit Letter	Feet From The SO	UTH	Line and 330	Feet From The	EAST Line		
Section 20	Termenip		Range 29E	NMPM	EDY County		
	<sub>10</sub> Elevation (Show 1 3597'	whether DF, I	RKB, RT, GR, etc.)				
11 Check A	ppropriate Box to Ind	licate Na	ture of Notice, Re	port, or Other [	Data		
NOTICE OF IN	ITENTION TO:		SUB	SEQUENT RE	PORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING C	PNS.	PLUG AND ANBANDONMEN	Τ,	
PULL OR ALTER CASING			CASING TEST AND CEMI	ENT JOB			
OTHER:			OTHER: SPUD, CMT			×	
12Describe Proposed or Completed Operation work) SEE RULE 1103.	ns (Clearly state all pertinent det	ails, and give	pertinent dates, including es	timated date of starting	any proposed		
SPUD WELL @ 9:00 P.M. 9/4/99. PLUS, PLUG DOWN @ 4:30 A.M. TSTD CSG TO 600# FOR 20 MIN	9/5/99, CIRC 10 SX TO P	430', RAN PIT, FELL E	10 JTS 8 5/8" 24# J-5: ВАСК 50', READY MIX	5 CSG TO 425', Cf W/2 YARDS TO S	MTD W/400 SX PREM SURF. WOC 18 HRS,		



11 1 21 11 11	to a character and a second		and complete to the best	of my knowledge and belief.
I hereby certify that i	ne information	above is true	and complete to the best	of thy knowledge and belief.
			•	•
/	,	<i>7</i> \		`

Gobin Cockrum SIGNATURE

TITLE PRODUCTION ANALYST

TYPE OR PRINT NAME ROBIN COCKRUM

**TELEPHONE NO. 748-3303** 

(This space for State Use)	Sim W. Sum	activit Supervisor	0 5, 50
APPROVED BY		TITLE	DATE 7-8-77