## Submit 3 Copies to Appropriate District Office

## State of New Mexico E. 4y, Minerals and Natural Resources Department

Form	
Revise	d 1-1-89 (

	VICTON - 1	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DI P.O. Box 2088	WELL ATTIO	
DISTRICT II Santa Fe, New Mexico 87504- P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	OCT 29 '90 6. State Oil & Gas Lease No. E-7179	
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"  (FORM C-101) FOR SUCH PROPOSALS.)	G BACK TO A.  ARTESIA, OFFICE. Lease Name or Unit Agreement Name	
1. Type of Well: Oil. GAS WELL X WELL OTHER	West ARtesia Grayburg Unit Tr.	
2. Name of Operator	8. Well No.	
Marbob Energy Corporation √	9. Pool name or Wildcat	
3. Address of Operator P. O. Drawer 217, Artesia, NM 82810	Artesia Queen Grbg SA	
4. Well Location  Unit Letter L : 2269 Feet From The South Line and 971 Feet From The West Line		
	BE NMPM Eddy County	
10. Elevation (Show whether DF, RKB,		
3625.		
11. Check Appropriate Box to Indicate Nature		
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEI	DIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMM	ENCE DRILLING OPNS. $igcap  ext{PLUG}$ PLUG AND ABANDONMENT $igl   ext{X}$	
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 pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.		
10/10/90 Plug and abandon as follows:		
Squeezed perfs w/25sx cmt. Tagged plug at 1629'. Circ hole w/mud. Set 25sx plug at 1450'. Set 25sx plug at 1450'. Set 25sx plug at 550'. Spot 15sx plug at surface.		
Will notify when location is ready for inspection.		
	Poet ID-2 11-9-90 PXA	
	•	
I hereby cestify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE THOO AND THE Prod	duction Clerk pate 10/19/90	
TYPEOR PRINT NAME Rhonda Nelson	TELEPHONE NO.748-3303	
(This space for State Use)		
ADDRESS John McColunson TITLE	IL AND ONS INSPECTOR DATE 3-4-92	

CONDITIONS OF APPROVAL, IF ANY: