Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form	C-1	03
Revis	ed 1	-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88	240
DISTRICT II P.O. Drawer DD, Artesia, NM	88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 WELL API NO. 20_015 20075

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Īπ	dicate	Type	of L	2222		

DISTRICT III	STATEXX FEE					
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.					
SUNDRY NOTICES AND REPORTS ON WEL	LS ////////////////////////////////////					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name					
1. Type of Well: OIL GAS WELL XX WELL GIHER	3456789 MIMOSA 8 STATE COM					
2. Name of Operator MARBOB ENERGY CORPORATION	Well No.					
3. Address of Operator	9. Rool name or Wildcat					
P. O. BOX 227, ARTESIA, NM 88210	RECEIVED ILLINOIS CAMP, NORTH (MORROW)					
4. Well Location Unit Letter N: 350 Feet From The SOUTH	OCD - ARIESTA 5/ Line and 2003 V/ Feet From The WEST Line					
Section 8 Township 18S Ran						
10. Elevation (Show whether L	OF, RKB, RT, QR, ELL					
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 WORK ALTERING CASING					
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT					
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB					
OTHER:	OTHER: TD, CMT CSG					

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.

> MARBOB ENERGY CORPORATION ASSUMED OPERATIONS FROM ARCO PERMIAN ON 11/24/97.

TD WELL @ 10655'. 11/25/97 - RAN 240 JTS 17# CSG TO 10665', CMTD W/1300 SX HALL LITE, TAIL IN W/400 SX SUPER "H" PREM, PLUG DOWN @ 4:45 P.M., EST TOC 500' FROM SURFACE, WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUITES - HELD OK.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

DATE _

TYPE OR PRINT NAME

TELEPHONE NO.748-3303

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY-CONDITIONS OF AFFROYAL, IF ANY: