	<i></i>	2124-1	20/ -,	101		
•		1 Sept 200		CIN		
		E OCH ECEIVEN		Sy.		
Submit 3 Copies To Appropriate District	State of Nev	w Mexico ARTESI		Form C-10		
Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	WELL API NO.	Revised March 25, 19	199	
District II 811 South First, Artesia, NM 87210	OIL CONSERVAT	LION DATISHON FO	5. Indicate Type o			
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Santa Fe, N			STATE X FEE 6. State Oil & Gas Lease No.		
<u>District IV</u> 2040 South Pacheco, Santa Fe, NM 87505			B-7244	В-7244		
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPL PROPOSALS.)	TICES AND REPORTS ON W OSALS TO DRILL OR TO DEEPEN ICATION FOR PERMIT" (FORM C-	OR PLUG BACK TO A	7. Lease Name or	· Unit Agreement Na	me:	
1. Type of Well: Oil Well Gas Well	Oil Well Gas Well A Other			BPO STATE COM		
2. Name of Operator MARBOB ENERGY CORPO	8. Well No. 2					
3. Address of Operator	IA, NM 88211-0227		9. Pool name of UNDES SCOO	r Wildcat GGIN DRAW; MOF	ROW	
4. Well Location	, 00221 022,			·		
Unit Letter L	: 1650 feet from the	SOUTH line and _	990 feet from	n the <u>WEST</u>	ine	
Section 2	Township 18S		NMPM	County EDDY		
	10. Elevation (Show whe 3520 GL					
11. Check	Appropriate Box to Indic	ate Nature of Notice	e, Report or Other IBSEQUENT RE	Data PORT OF:		
NOTICE OF I	NTENTION TO: PLUG AND ABANDON [REMEDIAL WO		ALTERING CASIN	G 🗌	
TEMPORARILY ABANDON [CHANGE PLANS	COMMENCE	RILLING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING [MULTIPLE [CASING TEST CEMENT JOB	AND	ADANDONNIEN		
OTHER:		OTHER: EX'	TEND APD		X	
12. Describe proposed or com of starting any proposed we or recompilation.	npleted operations. (Clearly s ork). SEE RULE 1103. For Mo	tate all pertinent details, ultiple Completions: At	, and give pertinent da tach wellbore diagran	tes, including estimat n of proposed comple	ed date tion	
MADROR FN	ERGY CORPORATION RE	EOUESTS A ONE Y	EAR EXTENSION	FOR THE		
APD ON TH	IE ABOVE REFERENCED	WELL. To	10/25/2			
			1 2 1	_		
		<u> </u>				
	/	28				
I hereby certify that the inform	ation labour is true and comple	te to the best of my kno	wledge and helief.	<u></u>		
\ \a a a a \	A A A A	4	ON ANALYST	DATE 9/2:	3/02	
SIGNATOR MYCOTOR	1. 1000	_IIILE FRODUCII		elephone No. (505)		
Type or print name DIA (This space for State use)	na j. Cannon Original signe	D BY TIM W. GUM	1e			
•	DISTRICT II SUPE	RYISOR		DATE	0 4 2002	
APPPROVED BY Conditions of approval, if any:					_ 	