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 (P.O. Box 1980, Hobbs, NM 88240 **OIL CONSERVATION DIVISION**

2040 Pacheco St. Santa Fe, NM 87505

WELL API NO.			
30-015-32071			
Indicate Tune of Loops			

DISTRICT II P.O. Drawer DD, Artesia, NM 88210							₅Indicate Type of Lease	STATE	FEE	
DISTRICT III 1000 Rio Brazos Rd., A	ztec, NM 8	7410						₅State Oil & Gas Lease	No.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)						Lease Name or Unit Agreement Name				
Type of Well: OIL WELL	GA WE	s S X			OTHER					
₂Name of Operator MARBOB ENER	GY COR	PORAT	ION /					₃Well No. 1		
₃Address of Operato PO BOX 227, Al	or							«Pool name or Wildcat RED LAKE; GLOR		RTHEAST
4Well Location Unit Letter	4 :	330	Feet From	The	NORTH	Line and	330	Feet From The	WEST	Line
Section		2	Towr		18\$	Range	27E	NMPM	EDDY	County
				₁₀Elevat 3606'	ion (Show whether D GR	F, RKB, RT, GR, e	tc.)			

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

CHANGE PLANS

COMMENCE DRILLING OPNS.

PLUG AND ANBANDONMENT

CASING TEST AND CEMENT JOB

PULL OR ALTER CASING

work) SEE RULE 1103.

OTHER: SPUD, CMT CSG

OTHER:

11

12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

SPUD WELL @ 8:30 PM ON 11/8/01, DRLD 12 1/4" HOLE TO 377', RAN 8 JTS (353') 8 5/8" 24# CSG TO 370', CMTD W/ 350 SX P+, PLUG DOWN @ 1:00 PM ON 11/9/01, CIRC 85 SX TO PIT. WOC 18 HRS, TESTED CSG TO 600# FOR 20 MIN - HELD OK.



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

SIGNATURE

TITLE PRODUCTION ANALYST

DATE 11-12-01

TYPE OR PRINT NAME DIANA J. CAINNON

TELEPHONE NO. 505-748-3303

(This space for State Use)

APPROVED BY

DISTRICT II SUPERVISOR

DATE

CONDITIONS OF APPROVAL, IF ANY