				<u>ll</u>	_/2	o A	V an
Submit 3 Copies To Appropriate District	State of New Mexico			•	For	m C-103	_ZVV2
Office <u>District I</u>	Energy, Minerals and Natural Resources			WELL API NO.	Revised Mac	Cn 21/0970	VED
1625 N. French Dr., Hobbs, NM 87240 District II	OH COMPEDIA	30-015		2 1	IESIA		
811 South First, Artesia, NM 87210	OIL CONSERVA	5. Indicate Type		7	,		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco Santa Fe, NM 87505			STATE (O GOOD	17179t
District IV	Danta I C, 1444 07505				Gas Lease No.	~~ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	866
2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS				B 7422 7. Lease Name or Unit Agreement Name:			
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.) 1. Type of Well:	SALS TO DRILL OR TO DEEPE	N OR PLUC	BACK TO A SUCH	7. Dease I value	, one rigido.		
Oil Well X Gas Well	Other			SB STA	TE		
2. Name of Operator MARBOB ENERGY CORP	ORATION			8. Well No.	1		
3. Address of Operator				9. Pool name		VECO	
PO BOX 227, ARTES 4. Well Location	IA. NM 88211-023	27		RED LAKE;	NORTH		
Unit Letter <u>E</u> :	1650 feet from the	NORTH	line and	330 feet fr	om the <u>WES</u>	Tline	
Section 2		18S Rai		NMPM	County	EDDY	
	10. Elevation (Show w 3572 GR						
11. Check A	Appropriate Box to Ind	licate Na	ture of Notice,	Report or Other	r Data		
NOTICE OF IN	ITENTION TO:		SUE	BSEQUENT <u>R</u>	EPORIOF	: CASING	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOF		JALIERING	CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DE	ABANDONMENT			
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	AND]		_
OTHER:			OTHER:	SPUD, CMT		X estimated dat	-
12. Describe proposed or comp of starting any proposed work or recompilation.	leted operations. (Clearly :). SEE RULE 1103. For	y state all Multiple (pertinent details, a Completions: Atta	and give pertinent c ach wellbore diagra	m of proposed	completion	
(3391) 8 5/8"	2:30 PM ON 5/13/0 24# J55 CSG TO 3 , CIRC 80 SX TO P OK.	54 ' , C	MTD W/ 350	SX P+, PLUG	DOWN @ 1:	:15	
I hereby certify that the information of the second	ion above is true and comp		best of my know		DATE_	5/15/02	-
Type or print name	A J. CANNON	=		a T	elephone No.	(505) 74	<u>.</u> 8–3303
(This space for State use)	MARGEMAL SI	ened I	y tim n. cu				_
	DISTRICT H	SUPERI	TOUR	••	DATE.	Y 172	3 .
APPPROVED BY // Conditions of approval, if any.		TITLE_			DATE_		-