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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-103
Revised 10-1-78

APR 21 1980

O. C. D.

SUNDY NOTICES AND REPORTS ON WELLS, ARTESIA, OFFICE
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - 1" (FORM C-101) FOR SUCH PROPOSALS.)

5a. Indicate Type of Lease State <input type="checkbox"/> For <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Dorothy
9. Well No. 1
10. Field and Pool, or Wildcat Undesignated Grayburg
12. County Eddy

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Marbob Energy Corp.
3. Address of Operator P.O. Box 304, Artesia, N.M. 88210
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AT <u>1962</u> FEET FROM THE <u>West</u> LINE, SECTION <u>2</u> TOWNSHIP <u>19S</u> RANGE <u>26E</u> NMPM.

15. Elevation (Show whether DF, RT, GR, etc.) 3310.5 GR
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIATION WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OHS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

TIK 266

Plugged and abandoned well as follows: Swabbed well dry, pulled tubing, filled hole w/5 yds. 5 sack ready mix concrete. Set dry hole marker 1/29/80.

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

CWED Carahm Aris TITLE Secretary DATE 4/18/80

PROVED BY 1 TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: