Submit 3 Copies to Appropriate District Office

State of New Mexico

State of New Mexico			
Energy, Minerals and Natu	iral Lesources Department		

Form C	-103	
Form C Revised	1-1-89	5
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DISTRICT I	OIL CONSERVATION
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 20
	6 . 10 At Mariles

ON DIVISION C88 0. 87504-2088

5.	Indicate Type of Lease		$\overline{}$
	STATE	FEE	ليا
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WELL API NO.

P.O. Drawer DD, Artesia, NM 88210 AUG 11 89	5. Indicate Type of Lease STATE XX FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 O. C. D.	6. State Oil & Gas Lease No. B-9739	
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.)	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL OIL (X) WELL OTHER	Turkey Track Sec. 3 Unit	
WELL X WELL OTHER 2. Name of Operator	8. Well No.	
Marbob Energy Corporation	28 ·	
3. Address of Operator P. O. Drawer 217, Artesia, NM 82810	9. Pool name or Wildcat Turkey Track SR Q Grbg SA	
4. Well Location		
Unit Letter P: 330 Feet From The South Line and 33	O Feet From The East Line	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3380' GR Check Appropriate Box to Indicate Nature of Notice, Re	eport, or Other Data SEQUENT REPORT OF:	
	ALTERING CASING	
PENIONAL MEDIAL MONIC	OPNS. PLUG AND ABANDONMENT X	
	r	
Polic of Action of Control		
OTHER: OTHER:		
12 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, include work) SEE RULE 1103. We plugged & abandoned well as follows: 7/26/89 Sptd 75 sx plug @ 2711', did not tag; sptd 75 sx plug tag; set CIBP @ 2150'; sptd 75 sx plug on top of CIBP @ 1025, did not tag; sptd 35 sx plug, tag plug @ 1690 tag plug @ 1475'; perf csg @ 320', sptd 35 sx @ 1025' w/150 sx cmt, tag @ 28', filled csg from 28-surface w you when location is cleaned and ready for inspection	@ 2711', did not ; sptd 25 sx plug '; waited 1 hour; , sqd perfs @ 320' / cmt. Will notify	
	Part ID-2 8-18-89	
	8-18-87 P+ A	
	<i>17 17</i>	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Production Cle	rk DATE 8/10/89	
SIGNATURE Rhonda Nelson	TELEPHONE NO.7 48 – 3303	
APPROVED BY TITLE		
APPROVED BY TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:		