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	SEP 2002		
	SEP 2002		
Submit 3 Copies To Appropriate District State of No.	SWAMICYTOL, POLLINEU	101	m C-103
Office District 1 1625 N. French Dr., Hobbs, NM 87240 Energy, Minerals an	d Natural ResourCFESIA	Revised Marc	ch 25, 1999
District II 811 South First, Artesia, NM 87210 OIL CONSERVA	NOISIVI <b>G</b> WOIT.	30-015-32350 Indicate Type of Lease	
District III 2040 Sout	h Pacheco 1808628	[ /	<b>X</b>
District IV 2040 South Pacheco, Santa Fe, NM 87505	NM 87505	6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON YOU (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPER DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM OPPOPOSALS.)	N OR PLUG BACK TO A	7. Lease Name or Unit Agreen	nent Name:
1. Type of Well: Oil Well Gas Well 🗓 Other		MILKY WAY FEE	
2. Name of Operator MARBOB ENERGY CORPORATION		8. Well No.	
3. Address of Operator PO BOX 227, ARTESIA, NM 88211-0227		9. Pool name or Wildcat CARLSBAD SOUTH MORR	.OW
4. Well Location		1	
Unit Letter A: 760 feet from the	NORTH line and	990 feet from the EAS	T line
	2S Range 27E		DDY
10. Elevation (Show wh	nether DR, RKB, RT, GR, et	tc.)	
11. Check Appropriate Box to Indi	cate Nature of Notice,	Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON [	REMEDIAL WOR	SSEQUENT REPORT OF: RK ALTERING	
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DR		1 1
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TEST A	ABANDONI	MENT —
OTHER:		TERMEDIATE CSG, CMT	X
12. Describe proposed or completed operations. (Clearly of starting any proposed work). SEE RULE 1103. For N or recompilation.	state all pertinent details, a fultiple Completions: Attach	nd give pertinent dates, including ch wellbore diagram of proposed o	estimated date completion
9/12/02 @ 6:45 PM - TD 8 3/4" H JTS (9057') 7" N80 & P110 23# C P+, TAILED IN W/ 200 SX SUPER " 86 SX OFF TOP OF DV TOOL. CMTD NEAT, PLUG DOWN @ 11:30 PM ON 9 TESTED CSG TO 1500# FOR 30 MIN	SG TO 9050'. CMT H", PLUG DOWN @ 4 2ND STG W/ 650 S /15/02, CIRC 114	TD 1ST STG W/ 275 SX F 4:30 PM ON 9/15/02, CI SX H/L P+3& 200 SX P+	H/L IRC
I hereby certify that the information above is true and comple	ete to the best of my knowle	edge and belief.	
	TIPLE PRODUCTION		9/16/02
Type or print name DIANA J. CANNON		Telephone No.	(505) 748-3303
(This space for State uses ORIGINAL SIGNED B	y tim w. Gum		·-
APPPROVED BY  Conditions of approval if any:	ME	DATE_	P 2 3 2002