CISK
80
1

Submit 3 Copies To Appropriate District Office	State of New M Energy, Minerals and Nat	exico CENED	်ပြာ တ	Form C-103	(
District I	Energy, Minerals and Nat	uralites autes	WELL API NO.	Revised March 25, 1999		
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION	N I H V I N H HN: -	(°) 30 – 015	-32374		
811 South First, Artesia, NM 87210 District III	2040 South Pac	Heap 1V	5. Indicate Type			
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 8	7505 111810	STATE 6. State Oil & G	FEE A		
District IV 2040 South Pacheco, Santa Fe, NM 87505	,		o. State Off & G	as Lease No.		
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICAT PROPOSALS.) 1. Type of Well:	ES AND REPORTS ON WELL LS TO DRILL OR TO DEEPEN OR PI TION FOR PERMIT" (FORM C-101) F	JUG BACK TO A	7. Lease Name or	Unit Agreement Name:		
				WALTERTHON FEE		
2. Name of Operator			8. Well No.			
MARBOB ENERGY CORPORATION 3. Address of Operator			9. Pool name or	· Wildcat		
PO BOX 227 ARTESIA, NM 88211-0227			CARLSBAD SOUTH MORROW			
4. Well Location						
Unit Letter D ::	855 feet from the NORT	TH line and	660 feet from	n the <u>WEST</u> line		
Section 21	Township 22S R	lange 27E	NMPM	County EDDY		
	10. Elevation (Show whether	DR, RKB, RT, GR, et	c.)			
11 Check Any	3115 GL propriate Box to Indicate N	Jature of Notice	Report or Other I	Data		
NOTICE OF INTE		SUB	SEQUENT REF	PORT OF:		
PERFORM REMEDIAL WORK		REMEDIAL WOR		ALTERING CASING		
	CHANGE PLANS	COMMENCE DRI		PLUG AND ABANDONMENT		
, 322 3	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB	ND [_]			
OTHER:			CMT CSG	<u></u>		
12. Describe proposed or complete of starting any proposed work). So or recompilation.	ed operations. (Clearly state al SEE RULE 1103. For Multiple	l pertinent details, an Completions: Attac	d give pertinent date h wellbore diagram	es, including estimated date of proposed completion		
TD WELL @ 6:00 AM ON (12032.73') 4 1/2" 7 PREMIUM CMT W/ 2% ZC CIRC. WOC 18 HRS, 7	11.6# P110 (MAV 95)	CSG TO 12030 @ 1:00 AM ON	', CMTD W/ 31 12/24/02, DI	.5 SX		
I hereby certify that the information a	1 .	e best of my knowled		DATE12/26/02		
Type or print name /DIANA J	CANNON		Teler	ohone No. (505) 748–3	303	
(This space for State ase)	ORIGINAL SIGNED SY	TIME OF STATES				
	DISTRICT H SUPERYLL			DATE JAN 0 6 286	5	
APPPROVED BY Conditions of approval, if any:	TITLE			DATE		