Submit 3 Copies To Appropriate District Office		New Me		Form C-103		
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals	and Natu	ral Resources	Revised March 25, 1999 WELL API NO.		
District II	OII CONGERNATION DIVIGION			30-015-32605		
1301 W. Grand Avenue, Artesia, NM 88210 District III				5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE X FEE		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505			6. State Oil & Gas Lease No.		
			V-5111			
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA" PROPOSALS.)	ES AND REPORTS O LS TO DRILL OR TO DEE TION FOR PERMIT" (FOR	PEN OR PL	HTRACK IDA	7. Lease Name o	r Unit Agreement 1	Name:
1. Type of Well:	_	101	♠ 50	₹/		
Oil Well Gas Well X	Other	2	no 6893	` ₺ \ OXY RUGER	STATE	
2. Name of Operator MARBOB ENERGY CORPORA	ATTON	10	RECEIVED	8. Well No.		
3. Address of Operator		10	CD - ARTESIA	9. Pool name o	r Wildcat	
PO BOX 227, ARTESIA,	NM 88211-022	yr U		&∕MILLMAN: M	ORROW, SOUTH	(GAS)
4. Well Location		/6,2	.19	6		
Unit Letter D:	990 feet from the	NORT	15085297	660 feet fro	m the WEST	line
Olik Dottol	icct nom uic		YINC AND	ieet no	in the <u>west</u>	_11me
Section 9	Township			NMPM	County EDDY	
	10. Elevation (Show		R, RKB, RT, GR, e	etc.)		
11 Charle An	3545 t		CNI-4	D 0.1	1	
NOTICE OF INT	propriate Box to Ir	idicate N				
PERFORM REMEDIAL WORK		ч ГП	REMEDIAL WO	BSEQUENT RE	PURTOF: ALTERING CASIN	IC C
	1 EOO AND ADAINDO	`	TREMEDIAL WO		ALI ENING CASIN	" GL
	CHANGE PLANS		COMMENCE DE	RILLING OPNS.	PLUG AND ABANDONMENT	
	MULTIPLE COMPLETION		CASING TEST	AND		
	COMPLETION		CEMENT JOB			
OTHER:				TERMEDIATE CS		X
12. Describe proposed or complet of starting any proposed work). or recompilation.	ed operations. (Clear SEE RULE 1103. For	ly state all Multiple (pertinent details, a Completions: Atta	and give pertinent dat ach wellbore diagram	es, including estimate of proposed comple	ted date tion
9 5/8" 36# J5 W/ 200 SX P+,	5 AM - DRLD 12 5 CSG TO 2723' PLUG DOWN @ 5 ESTED CSG TO 1	, CMTD: 15 PM	W/ 600 SX I ON 4/10/03,	NTERFIL "C", 'CIRC 70 SX TO	TAILED IN	
						1 of the
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						<u> </u>
I hereby certify that the information	above is true and comp	lete to the	best of my knowle	edge and belief.		-
SIGNATURE SIGNATURE	f lanner	TYTLE	PRODUCTION	ANALYST	DATE4/12	7/03
Type or print name DLANA	. CANNON			Tala	phone No. (505)	748-330
(This space for State use)		· · · ·	11.4			. 10 330
	lim W. S	وسدما	Kul	ict Superous		6 2000
APPPROVED BY Conditions of approval, if any:		_TITLE_	v -		DATE	· · · · · · · · · · · · · · · · · · ·