	1 2003 B
Submit 3 Copies To Appropriate District State of New Me	Form C-103
District I Energy, Minerals and Natur	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240	WELLAPI NO.
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION	DIVISION SCALE TOPO SEL COLO
District III 2040 South Pach	eco STATE T FEE
District IV Santa Fe, NW 6/	6. State Oil & Gas Lease No.
2040 South Pacheco, Santa Fe, NM 87505	L-6381
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO PROPOSALS.)	
1. Type of Well: Oil Well Gas Well Other	CCAP STATE COM,
2. Name of Operator	8. Well No.
MARBOB ENERGY CORPORATION	3
3. Address of Operator PO BOX 227, ARTESIA, NM 88211-0227	9. Pool name or Wildcat CARLSBAD SOUTH MORROW
PO BOX 227, ARTESIA, NM 88211-0227 4. Well Location	CARLSBAD SOUTH MORROW
Unit Letter G: 1792 feet from the NORTE	I line and 1586 feet from the EAST line
Section 16 Township 22S Ra	nge 27E NMPM County EDDY
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3093' GL	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND
	ABANDONMENT
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB
OTHER:	OTHER: INTERMEDIATE CSG, CMT
12. Describe proposed or completed operations. (Clearly state all	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion	
or recompilation.	
2/3/04 @ 1:00 PM - TD 8 3/4" HOLE, DRLD 8 3/4" HOLE TO 8990', RAN 207 JTS (8995.37') 7" 23# N80 & P110 CSG TO 8990'. CMTD TST STG W/ 250 SX H/L P+, TAIL IN W/ 200 SX SUPER "H", PLUG DOWN @ 4:30 AM ON 2/5/03, CIRC 58 SX OFF TOP OF DV TOOL. CMTD 2ND STG W/ 625 SX H/L P+ AND 200 SX P+ NEAT, PLUG DOWN @ 12:00 PM ON 2/5/03, CIRC 47 SX TO PIT. WOC 18 HRS, TESTED CSG TO 1500# FOR 30 MTN - HELD OK.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE PRODUCTION ANALYST DATE 2/7/03 Type or print name DIANA J. CANNON Telephone No. (505) 748-3303	
(This space for State use)	W. GUN FEB 2 1 2003
APPPROVED EX TITLE	DATE DATE
Conditions of approval, if any:	