Submit 3 Copies to Appropriate District Office

Energy, M.

State of New Mexico als and Natural Resources Department

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DIS	IRIC	LI			
P.O.	Box	1980,	Hobbs,	NM	88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVA Santa Fe, New Mexico 87504-20

CED A E 1006

WELL API NO.	
30-005-63104	
5. Indicate Type of Lease STATE	FEE XX
6 State Oil & Gas Lease No	

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DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No.				
SUNDRY NOTICES AND REPORTS OF THE CONTROL OF THE PROPOSALS TO DRILL OR TO DEFPEND OF THE PROPOSALS (FORM C-101) FOR SUCH PROPOSALS.)	DRALUG BACK TO A 7 Lease Name or Unit Agreement Name				
1. Type of Well: OIL GAS WELL XX WELL OTHER	RAMOS FEE				
2. Name of Operator MARBOB ENERGY CORPORATION	8. Well No.				
3. Address of Operator 9. Pool name or Wildcat					
P. O. BOX 227, ARTESIA, NM 88210	LONG ARROYO; DEV., NE				
4. Well Location					
Unit Letter B : 330 Feet From The NORTH Line and 2486 Feet From The EAST Line Section 33 Township 12S Range 28E NMPM CHAVES EDDY County					
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3607 GR					
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	CASING TEST AND CEMENT JOB				
OTHER:	OTHER: TD. CMT CSG XX				
12 Describe Proceed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed					

work) SEE RULE 1103.

TD WELL 8:15 A.M. 8/30/96. DRLD 7 7/8" HOLE TO 8200', RAN 182 JTS 5 1/2" J-55 17# CSG TO 8188', CMTD 1ST STAGE W/ 150 SX SUPER B, PLUG DOWN @ 1:30 P.M. 9/2/96, CIRC 50 SX TO SURF. CMTD 2ND STAGE W/1500 SX HALL LITE & 50 SX PERM PLUS, PLUG DOWN @ 10:30 P.M. 9/3/96, CIRC 196 SX TO SURF. WOC 18 HRS, TSTD CSG TO 600# FOR 20 MINUTES - HELD OK. DV TOOL @ 7549'.

(This space for State Use)		QED 4 0 40 0
TYPE OR PRINT NAME		TELEPHONE NO.748-3303
SIGNATURE horde les	TILE Production Clerk	DATE9/4/96
I hereby certify that the information above is true and complete to	the best of my knowledge and belief.	
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ORIGINAL SIGNED BY IIM W. GUM

DISTRICT II SUPERVISOR

SEP 1 2 1990

CONDITIONS OF APPROVAL, IF ANY: