Submit 3 Copies to Appropriate District Office	State of New Mexico  Energy, Minerals and Natural Resources Department	Form C-103 (5)
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	CONSERVATION DIVISION P.O. Box 2088	WELL API NO. 30-005-63107
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		6. State Oil & Gas Lease No.
( DO NOT USE THIS FORM FOR PRODIFFERENT RESE	ICES AND REPORTS ON WELLS OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A RVOIR. USE "APPLICATION FOR PERMIT" -101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OR OAS WELL X WELL	OTHER.	McClintock Fee
2. Name of Operator	APR [4] (397	8. Well No.
Marbob Energy Corp.  1. Address of Operator P.O. Box 227, Artes		9. Pool name or Wildcat Twin Lakes; Devonian,
4. Well Location		Southwest West
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Feet From The Line and	rea from the Un.
Section 30	Township 9-S Range 28-E  ////// 10. Elevation (Show whether DF, RKB, RT, GR, etc.)	NMPM Chaves N.M. County
3888 G.R. VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
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 DRILLIN	NG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND C	CEMENT JOB .
OTHER:	OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.		
(3) Cut 5 1/2 casing (4) Spot 100' cement (5) Spot 100' cement (6) Spot 100' cement (7) Spot 05" surface	at 6735' cap w/35' cement  10 brine w/25 gel/barm.  g at free point and pull out of t plug at 5 1/2 stub 50' in and t plug at 8 5/8 shoe 50' in and t plug at 13 3/8 shoe 50' in and e plug and spot P & A marker  104 3700-3100.	noie 50' out and tag 50' out and tag
Jan Share	,	o o o o o o o o o o o o o o o o o o o
	The state of the s	C.C. in sufficient time to witness
I hereby certify that the information above is true	a and complete to the best of my knowledge and belief.	
SIONATURE May more /	As Doloroso mes Superies	DATE 4-14-97
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use)  APPROVED BY  CONDITIONS OF APPROVAL, IF ANY:	Sum BEN mes District	Sepervisor DATE 4-28-97