Submit 3 Copies to Appropriate District Office

State of New Mexico rais and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	WELL API NO. 30-025-34328
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	STATE X FEE 6. State Oil & Gas Lease No. VA-8888
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL OTHER	BRYCE STATE
2. Name of Operator MARBOB ENERGY CORPORATION	8. Well No.
3. Address of Operator P. O. BOX 227, ARTESIA, NM 88210	9. Pool name or Wildcat WILDCAT DEVONIAN
4. Well Location Unit LetterC : 990 Feet From TheNORTH Line and180	O Peet From The WEST Line
Section 2 Township 10S Range 37E	NMPM LEA YOUNG County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, F NOTICE OF INTENTION TO: SUB	Report, or Other Data SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN	
PULL OR ALTER CASING CASING TEST AND C	EMENT JOB
OTHER: OTHER: OTHER:	CMT CSG /
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103.	uding estimated date of starting any proposed
TD WELL ON 6/7/98. DRLD 7 7/8" HOLE TO 1235 PLUG #1 FROM 12350-12250', PLUG #2 (35 SX) F #3 (35 SX) FROM 7440-7340', PLUG #4 (35 SX) 5287', RAN 119 JTS 5 1/2" J-55 17# CSG TO 52 PREM PLUS, PLUG DOWN @ 3:30 P.M. 6/9/98. WO 1500# FOR 30 MINUTES - HELD OK.	ROM 9950-9850', PLUG FROM 5700-5600', PBTD 85', CMTD W/350 SX
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Production C1	erk DATE 6/12/98
TYPE OR PRINT NAME	TELEPHONE NO.748-3303
(This space for State Use)) RIGINAL SIGNED BY CHRIS WILLIAMS	

DISTRICT I SUPERVISOR

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5 CONDITIONS OF AFTROVAL, IF ANY: