Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I	OIL CONSERVA	\TIC	N DIVISION		
P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco St.			WELL API NO.	
DISTRICT II Santa Fe, NM 87505				30-025-34765	
P.O. Drawer DD, Artesia, NM 88210				₅Indicate Type of Lea	
DISTRICT III				₅State Oil & Gas Lea	STATE FEE STATE
1000 Rio Brazos Rd., Aztec, NM 87410				6State Oil & Gas Lea	se no.
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"				₁Lease Name or Uni	t Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)				BOBBY FEE	
₁Type of Well: OIL — GAS					
WELL WELL OTHER				₅Well No.	
Name of Operator MARBOB ENERGY CORPORATION				1 Pool name or Wildcat	
₃Address of Operator P.O. BOX 227, ARTESIA ,NM 88210				CROSSROADS SILURO DEVONIAN	
4Well Location	0011711				
Unit LetterL :2252 F	eet From The SOUTH		Line and990	Feet From The	WEST Line
Section 25	Township 9S		Range 36E	NMPM	LEA County
	₁₀Elevation (Show whethed 4011'	er DF, I	RKB, RT, GR, etc.)		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INTENTION TO: SUBS				SEQUENT RE	EPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OF				PNS.	PLUG AND ANBANDONMENT
PULL OR ALTER CASING CASING TEST AND CEME				ENT JOB	
OTHER:	· · · · · · · · · · · · · · · · · · ·		OTHER: SET INTERM	MEDIATE CSG & 0	CMT CSG
12Describe Proposed or Completed Operations (Clearly state all pertinent details, a	nd give	pertinent dates, including es	timated date of starting	any proposed
work) SEE RULE 1103.					
'2/4/00 DRLD 12 1/4" HOLE TO 4200)' RAN 102 JTS 8 5/8" 24#	J-5 C	SG TO 4200'. CMTD W	// 1215 SX INTER	FILL & 250 SX PP. PLUG
DOWN @ 12:45 P.M., CIRC 175 SX	TO SURF. WOC 18 HRS, T	STD	CSG T0 1500# FOR 3	MINUTES - HEL	D OK.
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I hereby certify that the information above is tru	e and complete to the best of my k	nowled	ge and belief.		
SIGNATURE PODIN CO	'krum	TIT	LE PRODUCTION AN	ALYST	DATE 02-07-00
TYPE OR PRINT NAME ROBIN COCKRUM					TELEPHONE NO. 748-3303
(This space for State Use)					
ADDDOVED BY		TIT	I E		DATE
APPROVED BY CONDITIONS OF APPROVAL IF ANY:		111	<u> </u>		DATE