Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. B-2366-10

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: Leaker "CC"

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER WIW

2. Name of Operator: Marbob Energy Corporation

8. Well No. 3

3. Address of Operator: P. O. Drawer 217, Artesia, NM 82810

9. Pool name or Wildcat: Maljamar Grbg SA

4. Well Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 16 Township 17S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4040' DF

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	[X]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND 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.

RU; pull pkr & tbg; found hole in tbg; RIH w/4 3/4" bit; cleaned out to 4180'; RIH w/pkr & tbg; sptd ac over perfs; circ hole w/pkr fluid; set pkr @ 3651'; acd perfs w/750 gals. 20% NE ac; pressure tstd csg to 500#-held for 15 minutes--okay. Returned well to injection.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rhonda Nelson TITLE Production Clerk DATE 8/10/89

TYPE OR PRINT NAME Rhonda Nelson TELEPHONE NO. 748-3303

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

AUG 14 1989

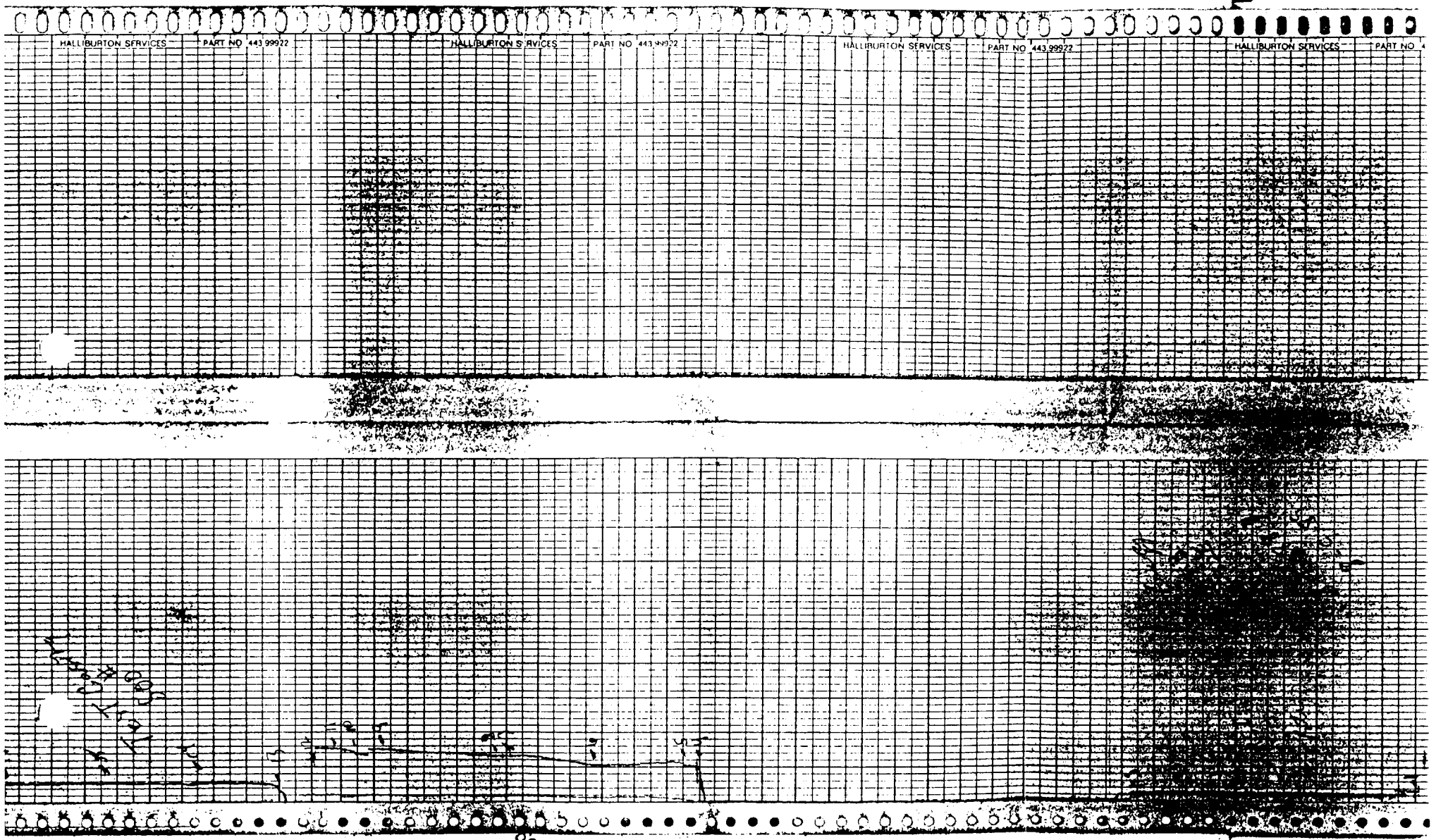
APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG 11 1989

OCD
HOBBS OFFICE


HALLIBURTON SERVICES
PART NO 443 99922
HALLIBURTON SERVICES
PART NO 443 99922
HALLIBURTON SERVICES
PART NO 443 99922
HALLIBURTON SERVICES
PART NO

AUG 11 1989