-	State of New M	exico	File	Form C-103	1	
Submit 3 Copies to Appropriate District Office	Energy, Minerals and Natural R	lesources Department	BLM Land Office	Revised 1-1-8	9	
DISTRICT I P.O. Box 1980, Hoobs, NM 88240	OIL CONSERVATION P.O. Box 20		8 of M			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease STATE XX FEE		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.			
			B-1266		77777	
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	CES AND REPORTS ON WE POSALS TO DRILL OR TO DEEPER VOIR. USE "APPLICATION FOR PE 101) FOR SUCH PROPOSALS.)	NOR PLUG BACK TO A	7. Lease Name o	r Unit Agreement Name		
1. Type of Well: OIL GAS WELL WELL	OTHER WIW	MAY 30'89	G-J West (Coop Unit		
2. Name of Operator Marbob Energy Corpora	tion	a 2 0	8. Well No. 29			
3. Address of Operator P. O. Drawer 217, Art	esia. NM 82810	ARTESIA, OFFICE	9. Pool name or Grbg Jacks	Wildcat SON SR Q Grbg SA		
4. Well Location		Line and 66	0 5 5	- m. Fast	Line	
Unit Letter : 2130	Feet From TheSouth	Line and	Feet From	m the Buse	Line	
Section 21	Township 17S R 7//// 10. Elevation (Show whether		NMPM	Eddy (County	
	3.5	63' GR		<u> </u>		
	Appropriate Box to Indicate	Nature of Notice, R	eport, or Othe	r Data		
NOTICE OF INT	ENTION TO:		SEQUENT 1	REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON L	REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON L	CHANGE PLANS	COMMENCE DRILLING		PLUG AND ABANDON	יייין ואופוז	
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB L			
OTHER: <u>Return to act</u>		OTHER:				
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent details, a	nd give pertinent dates, inclu	ding estimated date o	of starting any proposed		
We propose to	place well to active	injection as fo	llows:			
2500'; RIH w/	& retrievable bridge $4\frac{1}{2}$ " pkr to 2200'. Cirto 500#; set $4\frac{1}{2}$ " pkr &	c trtd wtr betw	een tbg &	n.		
\wedge						
I hereby certify that the Information above is true		ibelia. The Production Cl	erk	DATE		
TYPE OR PRINT NAME Rhonda Nel	son			TELEPHONE NO.748-	3303	
(This space for State Use)	Pelison			HIN O 1	100 0	
APFROVED BY Johnny	т	n.e	pres i th	DATE	1303	
CONDITIONS OF APPROVAL, IF ANY:	to the control of the control of					
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Test Csg	lander of the second of the se	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Sy.			
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