

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
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

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

MAR 2 '90

WELL API NO.

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-255

7. Lease Name or Unit Agreement Name

G-J West Coop Unit

8. Well No.
58

9. Pool name or Wildcat
Grbg Jackson SR Q Grbg SA

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.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER ☒ (WIW)

2. Name of Operator
Marbob Energy Corporation

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

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line
Section 16 Township 17S Range 29E NMMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3586' GR

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 ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: Convert from injection to pumping ☒

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

Propose to perf csg @ 2274-79', 2312-19', and perfs
w/1000 gals. 15% NE ac and frac w/20,000 gals. gel wtr,
put back to pumping. Will return to injection in a
few months.

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

3/2/90

TYPE OR PRINT NAME

Rhonda Nelson

TELEPHONE NO. 748-3303

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

TITLE

DATE

MAR 6 1990

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: