

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 20 '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

NMPM

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 ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: Put back on injection ☒

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.

Put back on injection as follows:

RIH w/pkr & 2 3/8" plastic coated tbq to 2239', circ  
pkr fluid, tst csg to 300# for 15 minutes--held okay.  
Put back to injection, set pkr @ 2239'.

Witnessed by Johnny Robinson.

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 3/18/90

TYPE OR PRINT NAME

Rhonda Nelson

TELEPHONE NO. 748-3303

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

**MAR 21 1990**

CONDITIONS OF APPROVAL, IF ANY: