

Submit 3 Copies
to Appropriate
District Office

DISTRICT I
P.O. Box 1950, 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
RECEIVED
OIL CONSERVATION DIVISION
P.O. Box 2088
Fe, New Mexico 87504-2088
APR 27 1989

Form C-103
Revised 1-1-89

WELL API NO.
30-015-26103

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-10714

7. Lease Name or Unit Agreement Name

G-J West Coop Unit

8. Well No.

89

9. Pool name or Wildcat

Grbg Jackson SR O 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

2. Name of Operator
Marbob Energy Corporation

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

4. Well Location
Unit Letter E : 1345 Feet From The North Line and 25 Feet From The West Line

Section 22

Township 17S

Range 29E

NMPM

Eddy

County

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

3556.0' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒
OTHER: Spud ☒

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.

Spudded 8:00 a.m. 4/24/89. Drld 12 1/4" hole to 205'; ran
6 jts 8 5/8" O.D. 32# csg to 193', cmt w/200 sx Class C,
circ 50 sx to surf. WOC 18 hours, tstd csg to 600#
f/20 minutes--held okay. Plug down at 12:45 p.m. 4/24/89.

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 4/26/89

TYPE OR PRINT NAME

Rhonda Nelson

TELEPHONE NO. 748-3303

(This space for State Use)

Original Signed By
Mike Williams

MAY 1 1989

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: