

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

MAY - 9 '89

O. C. D.

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 Q Grbg SA

SUNDRY NOTICES AND REPORTS ON WELLS, ARTESIA, OFFICE
(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: ☐

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.

TD 4428' 5/4/89. Ran 107 jts. 5 1/2" 17# new csg to 4402';
cmt w/1300 sx Halliburton Lite; 500 sx Class "C", plug down
@ 4:00 p.m. 5/4/89; circ 25 sx. WOC 18 hours, tested csg
to 1500# f/30 minutes--held okay.

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

SIGNATURE

Rhonda Nelson

TITLE Production Technician

DATE 5/8/89

TYPE OR PRINT NAME

Rhonda Nelson

TELEPHONE NO. 748-3303

(This space for State Use)

Original Signed By
Mike Williams

TITLE

DATE

MAY 12 1989

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: