

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

CLSF  
Op

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

OCT 15 1991

WELL API NO.  
30-015-26838

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
B-1266

7. Lease Name or Unit Agreement Name

G-J West Coop Unit

8. Well No.  
101

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

2. Name of Operator  
Marbob Energy Corporation

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

4. Well Location  
Unit Letter J : 2080 Feet From The South Line and 2615 Feet From The East Line  
Section 21 Township 17S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3596.5' 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: TD, cmt csg ☒

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 @ 4450' 10/3/91. Ran 102 jts. 5 1/2" OD 17# LT&C  
csg to 4418', cmt d w/1000 sx Halliburton Class C w/6#  
salt per sx & 3/10 of 1% Halad 322, circ 80 sx, plug  
down @ 8:45 a.m. 10/3/91. WOC 18 hrs., tstd 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 Clerk DATE 10/8/91

TYPE OR PRINT NAME TELEPHONE NO. 748-3303

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY DATE OCT 18 1991

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED BY  
MAIL ROOM  
DISTRICT 11