

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 ~~SECTION~~  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

JAN 29 '90

O. C. D.

WELL API NO.

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.

29

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 ☐

OAS  
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 I : 2130 Feet From The South Line and 660 Feet From The East Line

Section 21 Township 17S Range 29E NMPM Eddy County

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

3563' 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: Return to active 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.

1/8/90 RU, RIH w/overshot and retrieved RBP.

1/9/90 RIH w/3 3/4" bit & csg scrapper, CO to 2458', RIH w/CIBP,  
set @ 2455', RIH w/2 3/8" plastic coated tbg & new pkr,  
landed pkr @ 2171'.

1/10/90 Circ pkr fluid, set pkr @ 2171', tstd csg to 300# for 15  
minutes--held okay, put back on injection.

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 1/26/90

TYPE OR PRINT NAME

Rhonda Nelson

TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

