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OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

RECEIVED
APR 30 1979

a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
8514 89523 B 1266	
7. Unit Agreement Name	
G.J. West Coal Unit	
8. Farm or Lease Name	
9. Well No.	
22	
10. Field and Pool, or Wildcat	
Grayburg Jackson	
12. County	
Eddy	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT DEPTH. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>
2. Name of Operator		
Tenneco Oil Company		
3. Address of Operator		
6800 Park Ten Blvd., Suite 200 North, San Antonio, Texas 78213		
4. Location of Well		
UNIT LETTER <u>N</u> <u>460</u> FEET FROM THE <u>S</u> LINE AND <u>1980</u> FEET FROM		
THE <u>W</u> LINE, SECTION <u>21</u> TOWNSHIP <u>12S</u> RANGE <u>29E</u> N.M.P.M.		
15. Elevation (Show whether DF, RT, GR, etc.)		

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Installation of surface casing valves	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

The fittings installed are as follows (listed starting at the surface casing):
2"x6" nipple, 2' WKM 2000# W.P. Ball valve, 2"x8" nipple,
2' 90° ell, 32" Riser, 1" Ball valve.

casing E.H. checked by M.H. G. 4/26/79

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

SIGNED <u>Mark Jacoby</u>	TITLE <u>Prod. Engr.</u>	DATE <u>4-26-79</u>
APPROVED BY <u>B.W. Weaver</u>	TITLE <u>OIL AND GAS INSPECTOR</u>	DATE <u>JUN 11 1979</u>
CONDITIONS OF APPROVAL, IF ANY:		

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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Form C-103
Revised 10-1-78

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OPERATOR	<input checked="" type="checkbox"/>

MAR 31 '88

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1266	

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator

Marbob Energy Corporation

Address of Operator

P.O. Drawer 217, Artesia, N.M. 88210

Location of Well

UNIT LETTER N, 460 FEET FROM THE South LINE AND 1980 FEET FROM

THE West LINE, SECTION 21 TOWNSHIP 17S RANGE 29E NMPM.

7. Unit Agreement Name

G-J West Coop Unit

8. Farm or Lease Name

G-J West Coop Unit

9. Well No.

22

10. Field and Pool, or Wildcat

Grbg Jackson SR O Grbg SA

15. Elevation (Show whether DF, RT, GR, etc.)

3550' GR

12. County

Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER Back on pump ☒

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

We propose to put this well back on pump.

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

SIGNED Rhonda Nelson

TITLE Production Clerk

DATE 3/30/88

Original Signed By

Mike Williams

TITLE _____

DATE APR 8 1988

PROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

Oil & Gas Inspector

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

NOV 01 1984

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

Operator
Marbob Energy Corporation

Address

P.O. Drawer 217, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Effective 10/1/84

If change of ownership give name and address of previous owner
Tenneco Oil Co., 7990 I.H. 10 West, San Antonio, Texas 78213

DESCRIPTION OF WELL AND LEASE

Lease Name G.J. West Coop. Unit	Well No. 22	Pool Name, including Formation Grbg Jackson SR Q G SA	Kind of Lease State, Federal or Fee State	Lease No. B-1266
Location				
Unit Letter N	460	Feet From The South	Line and 1980	Feet From The West
Line of Section 21	T. and Ship 17S	Range 29E	NMPM, Eddy	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
TA		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



Production Clerk

(Title)

10/30/84

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 05 1984, 19

BY Original Signed By
Leslie A. Clements

TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple

