

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

dsr  
dp

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 87508

SEP 23 1991

O. C. D.

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.)

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-9563

7. Lease Name or Unit Agreement Name

G-J West Coop Unit

8. Well No.

35

9. Pool name or Wildcat

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 : 1980 Feet From The North Line and 330 Feet From The West Line

Section 21 Township 17S Range 29E NMPM Eddy County

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

3550' GL

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: put back on production ☒

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.

We have put well back on production.

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

SIGNATURE Robin Smith TITLE Production Clerk

DATE 9/20/91

TYPE OR PRINT NAME Robin Smith

TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY [Signature] TITLE Todd Rye

DATE 9/27/91

CONDITIONS OF APPROVAL, IF ANY: