Submit 3 Copies

State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-103	J _ '
Revised 1-1-89	υρ

District Office	•		
DISTRICT I OIL CONSERVATION DIVISION	WELL API NO.		
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 8750412698	5. Indicate Type of Lease STATE XX FEE		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 MAR 20 '90	6. State Oil & Gas Lease No. B-255		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OFFICE BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMITSIA, OFFICE (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL GAS WELL OTHER	G-J West Coop Unit		
2. Name of Operator Marbob Energy Corporation	8. Well No. 58		
3. Address of Operator P. O. Drawer 217, Artesia, NM 82810	9. Pool name or Wildcat Grbg Jackson SR Q Grbg SA		
4. Well Location	O Feet From The West Line		
	NMPM Eddy County		
//////////////////////////////////////			
Check Appropriate Box to Indicate Nature of Notice, R NOTICE OF INTENTION TO: SUB	eport, or Other Data SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	GOPNS. PLUG AND ABANDONMENT		
FOLL OR ALTER ORGING	CASING TEST AND CEMENT JOB		
HER:			
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103.	ding estimated date of starting any proposed		
3/6/90 Perfed csg @ 2274-79', 2312-19', acd perfs w/ 15% NE ac, swb tst showed slight show oil.	'500 gals.		
^			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	2/40/00		

SIONATURE TO		edge and belief. TITLE Production Clerk	DATE 3/18/90 TELEPHONE NO.748-3303
TYPE OR PRINT NAME RI	nonda Nelson		1EEFROIL 10.7 4,8-3303
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		MAR 2 1 1990
APPROVED BY	SUPERVISOR, DISTRICT IT	TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY: