

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION **RECEIVED**

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

AUG 30 '88

Form C-103
Revised 10-1-78

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LAND OFFICE	
OPERATOR	☒

O. C. D.
ARTESIA OFFICE

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
B-514-7	

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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Marbob Energy Corporation	8. Farm or Lease Name G.J. West Coop Unit
3. Address of Operator P.O. Drawer 217, Artesia, N.M. 88210	9. Well No. 87
4. Location of Well UNIT LETTER <u>B</u> <u>710</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>28</u> TOWNSHIP <u>17S</u> RANGE <u>29E</u> NMPM.	10. Field and Pool, or Wildcat Grayburg Morrow
15. Elevation (Show whether DF, RT, GR, etc.) <u>3577</u>	12. County Eddy

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER <u>Recomplete Grayburg SA</u> ☒

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.

Set retainer @ 7100', sqd perms 7183-7260' w/100 sxs, set CIBP
@ 4000' PBTD., perfed 2617-3314' San Andres, treated w/4000 gals.
10% NE ac, 5000 bbls get wtr, 2000 sx 20-40 & 1000 sx 12-20.
Put on production.

18. 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 8/29/88

Original Signed By
Mike Williams

AUG 30 1988

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: