Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89   c|sF

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 87504-2088

ₛ 12 '90

WELL API NO.	30-015-25096
5. Indicate Type of Lease	STATE [X] FEE [ ]
6. State Oil & Gas Lease No.	B-514

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.)

7. Lease Name or Unit Agreement Name

G-J West Coop Unit

1. Type of Well:
   OIL WELL [X]   GAS WELL [ ]   OTHER

8. Well No.
   64

2. Name of Operator
   Marbob Energy Corporation

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

   Unit Letter __A__ : __890__ Feet From The __North__ Line and __330__ Feet From The __East__ Line

   Section __28__   Township __17S__   Range __29E__   NMPM   __Eddy__ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
    3547.2' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [X]   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:_____ [ ]

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 propose to repair water flow.

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 _2-8-90_

TYPE OR PRINT NAME _Rhonda Nelson_   TELEPHONE NO. 748-3303

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE

FEB 1 2 1990

CONDITIONS OF APPROVAL, IF ANY: _____