

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

MAY 22 1991

O. C. D.

WELL API NO.

30-015-25610

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-1266

7. Lease Name or Unit Agreement Name

G-J West Coop Unit

8. Well No.

82

9. Pool name or Wildcat

Grbg Jackson SR Q Grbg SA

SUNDRY NOTICES AND REPORTS ON WELLS, OFFICE

(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.)

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 N : 990 Feet From The South Line and 2303 Feet From The West Line

Section

21

Township

17S

Range

29E

NMPM

Eddy

County

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

3590.3' GR

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: TD, cmt csg ☒

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.

TD 4465' 5/19/91. Ran 102 jts 5 1/2" OD 17# EW LT&C csg to 4424.90', cmtd w/1200 sx Class C Premium Plus w/6# salt per sx & 3/10 Halad 322, circ 120 sx to surface, plug down @ 4:00 a.m. 5/20/91. WOC 18 hrs, tstd csg to 1500# for 30 minutes-- held okay.

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 5/20/91

TYPE OR PRINT NAME Robin Smith TELEPHONE NO. 748-3303

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAY 22 1991

CONDITIONS OF APPROVAL, IF ANY: