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 _ 6 1991

O. C. D.

WELL API NO.
30-015-26686

5. Indicate Type of Lease
STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
B-1266

SUNDRY NOTICES AND REPORTS ON WELLS ARTESIA, 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.)

7. Lease Name or Unit Agreement Name

G-J West Coop Unit

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

2. Name of Operator
Marbob Energy Corporation

8. Well No.
95

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 __M__ : __990__ Feet From The __South__ Line and __990__ Feet From The __West__ Line

Section __22__   Township __17S__   Range __29E__   NMPM   __Eddy__ County

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)*
3545' 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: __Spud, cmt csg__ [X]

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.

Spudded @ 11:30 a.m. 4/29/91. Drld 12 1/4" hole to 810',
ran 19 jts. 8 5/8" 24# J-55 csg to 796', cmtd w/650 sx
Class C w/2% CC, circ 100 sx to surface, plug down @ 8:45
a.m. 4/30/91. WOC 18 hrs., tstd csg to 600# f/20 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 5/3/91

TYPE OR PRINT NAME   Robin Smith

TELEPHONE NO. 748-3303

(This space for State Use)
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II   TITLE _____

MAY 7 1991

APPROVED BY _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: