

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

457
OP

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87501

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OCT - 1 1991

WELL API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1266
7. Lease Name or Unit Agreement Name G-J West Coop Unit
8. Well No. 101
9. Pool name or Wildcat Grbg Jackson SR O Grbg SA

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.)

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 J : 2080 Feet From The South Line and 2615 Feet From The East Line
Section 21 Township 17S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3596.5' GR

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Intermediate csg & cmt</u> <input checked="" type="checkbox"/>

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.

Drl'd to 773', ran 18 jts. 8 5/8" OD 24# csg to 758', cmt'd w/450 sx Halliburton Class C w/2% CC, circ 25 sx, plugged down @ 4:30 p.m. 9/24/91. 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 Shonda Nelson TITLE Production Clerk DATE 9/25/91

TYPE OR PRINT NAME _____ TELEPHONE NO. 748-3303

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE OCT 4 1991

CONDITIONS OF APPROVAL, IF ANY:

10/10/10
10/10/10
10/10/10
10/10/10

ORIGINAL SIGNED BY
10/10/10
10/10/10