

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

RECEIVED

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
E-7179

7. Lease Name or Unit Agreement Name

West Artesia Grayburg Unit
Tr. 5

8. Well No.

11

9. Pool name or Wildcat

Artesia Qn 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 Injection

2. Name of Operator

Marbob Energy Corporation

3. Address of Operator

P. O. Drawer 217, Artesia, NM 82810

4. Well Location

Unit Letter K : 1650 Feet From The South Line and 1650 Feet From The West Line

Section 8

Township 18S

Range 28E

NMPM

Eddy

County

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

3603' 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: ☐

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 pull pkr & tbq, repair hole in tbq. Run pkr & tbq
in hole, circ pkr fluid on backside. Tst csg to 500#, put back
on injection.

Robert Chase obtained a verbal approval to proceed with work
from Mike Williams.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Rhonda Nelson TITLE Production Technician

DATE 4/3/89

TYPE OR PRINT NAME

Rhonda Nelson

TELEPHONE NO. 748-3303

(This space for State Use)

Original Signed By
Mike Williams

APPROVED BY

TITLE

DATE

APR 4 1989

CONDITIONS OF APPROVAL, IF ANY: