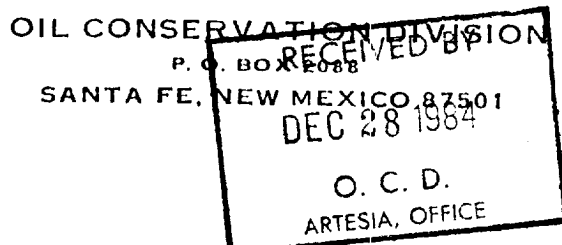


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-103
Revised 10-1-78

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/> | 7. Unit Agreement Name |
| 2. Name of Operator Marbob Energy Corporation ✓ | 8. Farm or Lease Name G-J West Coop Unit |
| 3. Address of Operator P.O. Drawer 217, Artesia, N.M. 88210 | 9. Well No. 36 |
| 4. Location of Well UNIT LETTER <u>F</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>21</u> TOWNSHIP <u>17S</u> RANGE <u>29E</u> NMPM. | 10. Field and Pool, or Wildcat Grbg Jackson SR Q G SA |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3616' GR | 12. County Eddy |

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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <u>Frac new perms</u> <input checked="" type="checkbox"/> |

17. 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.

RIPU. Perforated well as follows: 2763-71-77-90-2804-16-22-38-47-59.
Acidized w/1000 gal. 15% NE acid, and fraced w/500 bbl gel water,
180,000# sand. Tested approximately 32 bbl. oil in 24 hour period.

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

SIGNED Carolyn Purcell TITLE Production Clerk DATE 12/27/84

Original Signed By
Leslie A. Clements

APPROVED BY Supervisor District II TITLE Supervisor District II DATE DEC 28 1984

CONDITIONS OF APPROVAL, IF ANY:

