

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☐ other Water injection
2. NAME OF OPERATOR
Marbob Energy Corporation
3. ADDRESS OF OPERATOR
P.O. Dr. 217, Artesia, N.M. 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650 FNL 2310 FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF: |
|---|-------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (other) <input type="checkbox"/> | <input 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. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Moved in pulling unit, ran gauge ring in hole, set permanent bridge plug @ 3250', tested casing to 400#, held okay.

5. LEASE
LC-069041
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
RECEIVED
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Welch A
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Shugart (Y. SRQn Grbg)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4-19S-31E
12. COUNTY OR PARISH
Eddy
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3584' DF

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Carolyn J. [Signature] TITLE Production Clerk DATE 5/13/83

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE