

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NMO60-3160-4

5. LEASE DESIGNATION AND SERIAL NO.
LC-058514

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Pearsall BX

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Pearsall Queen
Mallamar Grbg SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34-T17S-R32E

12. COUNTY OR PARISH
Lea

13. STATE
NM

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" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Marbob Energy Corporation

3a. Area Code & Phone No.
(505) 748-3303

3. ADDRESS OF OPERATOR
P. O. Drawer 217, Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
460 FNL 860 FEL

14. PERMIT NO.
30-025-24725

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3963' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other) <u>Perforations</u>			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Queen 8/2/90 RU, pulled rods & tbq, perfed csg @ 3456-79', acd perms 3456-79' w/750 gals. 15% NE ac, frac perms w/10,000 gals. gel wtr and 100 sx 20/40 sand.

8/3/90 Put well back on pump. Pmpd 8 BO & no wtr.

Aug 9 10 56 AM '90
CAREY
AREA HEADQUARTERS
FOE

RECEIVED

ACCEPTED FOR RECEIVING

Ad

AUG 11 1990

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

SIGNED Rhonda Nelson TITLE Production Clerk DATE 8/6/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side