

November 1983)
formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COM. IN TRUST
P. O. BOX 188
TUCSON, NEW MEXICO 88240

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
LC-067982-B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Lusk Seven Rivers Unit	
2. NAME OF OPERATOR Marbob Energy Corporation		8. FARM OR LEASE NAME Lusk Seven Rivers Unit	
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210		9. WELL NO. 5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FSL 1980 FWL		10. FIELD AND POOL, OR WILDCAT Lusk Seven Rivers North	
14. PERMIT NO. N/A		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3672' GR	
		11. SEC., T., R., M., OR BLK. AND SUBST. OR AREA Sec. 3-T19S-R32E	
		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Return to production</u>	<u>XX</u>
(Other) <input type="checkbox"/>		(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.)*

We cleaned well out, ran new pump and put on production. Tested 3 bbl oil, 2 bbl water per day.

I hereby certify that the foregoing is true and correct.
SIGNED Carlton Russell TITLE Production Clerk DATE 6/17/86
(This space for Federal or State office use)

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

*See Instructions on Reverse Side

JUN 19 1986

RECEIVED
JUN 23 1986
O.C.C.
HOBBS OFFICE