

NO. OF COPIES RECEIVED	2
DISTRIBUTION	
SAFETY	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

MAR 10 1976

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
E 135

SUNDRY NOTICES AND REPORTS ON WELLS O. C. C. ARTESIA, OFFICE

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 Abo
3. Address of Operator P. O. Box 304, Artesia, N. M.	9. Well No. 1
4. Location of Well UNIT LETTER N 990 FEET FROM THE South LINE AND 2310 FEET FROM THE West LINE, SECTION 27 TOWNSHIP 17 S RANGE 28 E NMPM.	10. Field and Pool, or Wildcat Red Lake
15. Elevation (Show whether DF, RT, GR, etc.) 3677 G R	12. County Eddy

16. 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 checked="" 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 JOB <input type="checkbox"/>	OTHER <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) SEE RULE 1103.

- 1/29/76 Fracture treated well with 40,000 lbs 20/40 sand, 10,000 lbs 10/20 sand and 500 gal. XF63 Acid, 1,000 gal 15% HCl Acid, 62,580 gal. J154 water gel**
 - 1/30/76 Returned to production will test at a later date**
 - 2/27/76 Tested well for 24 hours, made 2 bbls oil, approximately 1 bbl water and Gas was TSTM**
- Would like to request increase in allowable to 2 bbls per day**

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

SIGNED *Dorothy Hammond* TITLE Agent DATE 3/9/76

APPROVED BY *W. A. Gussert* TITLE SUPERVISOR, DISTRICT II DATE MAR 11 1976

CONDITIONS OF APPROVAL, IF ANY: