

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

dsf

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.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR Marbob Energy Corporation
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1980 FSL 1980 FEL

APR 19 '88

O. C. D.
ARTESIA OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
LC-049998(A)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Foster Eddy
9. WELL NO.
2
10. FIELD AND POOL, OR WILDCAT
Grbg Jackson SR Q Grbg SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17-T17S-R31E
12. COUNTY OR PARISH
Eddy
13. STATE
N.M.

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3701' DR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Return to production
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

(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.)

Ran tubing & rods in hole. Put on pump.

RECEIVED
APR 8 11 27 AM '88
CARLSON
ARRESTED

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

SIGNED Rhonda Nelson

TITLE Production Clerk

DATE 4/7/88

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

SJS