

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER
OF COPIES REQUIRE
(Other Instructions on
reverse side)

Modified Form No.

NM60-3160-4

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 <u>Square Lake 12 Unit</u>	
2. NAME OF OPERATOR <u>Marbob Energy Corporation</u>		8. FARM OR LEASE NAME <u>Square Lake Grbg SA</u>	
3. ADDRESS OF OPERATOR <u>P. O. Drawer 217, Artesia, NM 88210</u>		9. WELL NO. <u>112</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirement. See also space 17 below.) <u>At surface</u> <u>1650 FSL 660 FEL</u>		10. FIELD AND POOL, OR WILDCAT <u>Square Lake Grbg SA</u>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 12-T17S-R29E</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3656' GR</u>		12. COUNTY OR PARISH <u>Eddy</u>	
		13. STATE <u>NM</u>	

10. 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) <u>Workover pit</u>	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(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 propose to dig workover pit on location for clean out purposes. Propose to place pit over old pit location, workover pit will be utilized no longer than 30 days. We will then cover pit after use and clean location.

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

SIGNED

Rhonda Nelson

TITLE Production Clerk

DATE 2/21/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side