

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instructions  
version 10/83)

Budget Bureau No. 1004-0135  
Expires August 31, 1985  
LEASE DESIGNATION AND SERIAL NO.

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"/> |  | 2. NAME OF OPERATOR<br>Marbob Energy Corporation             |  | 3. ADDRESS OF OPERATOR<br>P.O. Drawer 217, Artesia, N.M. 88210 |  | 4. LOCATION OF WELL (Report location clearly and in accordance with BLM requirements. See also space 17 below.)<br>At surface<br>330 FNL 1980 FEL |  | 5. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3650.3' GR |  | 6. COUNTY OR PARISH<br>Eddy          |  | 7. STATE<br>N.M.  |  |                                                          |  |                                                                   |  |
| 14. PERMIT NO.<br>30-015-25663                                                                                   |  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3650.3' GR |  | 16. COUNTY OR PARISH<br>Eddy                                   |  | 17. STATE<br>N.M.                                                                                                                                 |  | 18. UNIT AGREEMENT NAME                                     |  | 19. FARM OR LEASE NAME<br>Raper Fed. |  | 20. WELL NO.<br>2 |  | 21. FIELD AND POOL, OR WILDCAT<br>Grbg Jackson SR Q G SA |  | 22. SEC. T. R. M. OR BLK. AND SURVEY OR AREA<br>Sec. 11-T17S-R29E |  |

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>TD, cmt csg &amp; test</u>                                                                 | <input type="checkbox"/> |                 | <input checked="" 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.)

TD 4510' 11/27/86. Ran 108 jts. 5 1/2" 15.50# new casing to 4493.73';  
cmt w/1725 sax Halliburton Lite, 650 sax Class C; plug down @ 10:45  
a.m. 11/28/86; circulated 700 sax. WOC 18 hours, tested csg to  
1500# f/30 minutes-held okay.

ACCEPTED FOR RECORD

DEC 2 1986

CARLSBAD, NEW MEXICO



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

SIGNED [Signature] TITLE Production Clerk DATE 12/1/86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side