

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
verse slide)

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

CBF

LEASE DESIGNATION AND SERIAL NO.

LC-049998(A)

INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Foster Eddy

WELL NO.

6

FIELD AND POOL, OR WILDCAT

Grbg Jackson SR O Grbg SA

SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 17-T17S-R31E

COUNTY OR PARISH

Eddy

STATE

N.M.

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

990 FNL 2310 FWL

O. C. D.
ARTESIA, OFFICE

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3714.3 GR

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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) Spud, cmt csg

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(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.)*

Spudded 2:00 p.m. 5/5/89. Drld 12 1/4" hole to 505',
ran 15 jts. 8 5/8" 32# csg to 474'; cmt w/400 sx
Class "C" 2% cc, circ 10 sxs to surf; plug down
12:15 a.m. 5/6/89. WOC 18 hours, tstd csg to
600# f/20 minutes--held okay.

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

SIGNED

Rhonda Nelson

TITLE

Production Clerk

DATE

5/9/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS